FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* Sabharwal Sunil			Requiring S (Month/Day	2. Date of Event Requiring Statement (Month/Day/Year) 02/28/2020 3. Issuer Name and Ticker or Trading Symbol USA TECHNOLOGIES INC [USAT]						
	(First) FIELD LANE	(Middle)			4. Relationship of Reporting Issuer (Check all applicable) X Director	Person(s	,	File	d (Month/Day/	Date of Original Year) int/Group Filing
SUITE 300 (Street)			7		Officer (give title below)	Other below)	(specify		eck Applicable Form filed I Person	
(City)	(State)	19355 (Zip)							Reporting F	
Table I - Non-Derivative Securities Beneficially Owned										
1. Title of Security (Instr. 4)										
1. Title of Sec	urity (Instr. 4)				2. Amount of Securities Beneficially Owned (Instr. 4)	3. Owner Form: I (D) or II (I) (Inst	Direct ndirect		ature of Indire ership (Instr. !	
Title of Sec Common Sto					Beneficially Owned (Instr.	Form: [(D) or li	Direct ndirect r. 5)			
) Derivative	Beneficially Owned (Instr. 4)	Form: I (D) or II (I) (Inst	Direct ndirect r. 5)	Own		
Common Sto		(e.g.		Derivative Is, warran	Beneficially Owned (Instr. 4) $10,778^{(1)}$ • Securities Beneficia	Form: I (D) or II (I) (Inst	Direct ndirect r. 5)) sion		

Explanation of Responses:

1. The shares vest on 2/28/2021.

Sunil Sabharwal

03/10/2020

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * If the form is filed by more than one reporting person, see Instruction 5 (b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.