SEC Form 3 FORM 3

UNITED STATES SECURITIES AND EXCHANGE

COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL

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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 [*] <u>Topline Capital Management</u> , <u>LLC</u>			2. Date of Event Requiring Statement (Month/Day/Year) 09/20/2024		3. Issuer Name and Ticker or Trading Symbol <u>GREEN DOT CORP</u> [GDOT]					
(Last) (First) (Middle) 544 EUCLID STREET					4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give I Other (specify title below) See Explanation in Footnotes			File 6. I	 5. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person 	
(Street) SANTA MONICA	NTA CA 90402									
(City)	(State)	(Zip)								
Table I - Non-Derivative Securities Beneficially Owned										
1. Title of Security (Instr. 4)					2. Amount of Securities Beneficially Owned (Instr. 4)	Form: I (D) or I			4. Nature of Indirect Beneficial Ownership (Instr. 5)	
Common Stock					5,958,751	I ⁽¹)(2)	By Topline Capital Partners, LP ⁽³⁾		
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)										
			2. Date Exercisable and Expiration Date (Month/Day/Year)		d 3. Title and Amount of S Underlying Derivative S (Instr. 4)		4. Conver or Exer Price o	cise	5. Ownership Form: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
			Date	Expiratio	n	Amount or Number of		ive	or Indirect (I) (Instr. 5)	5)
			Exercisable	Date	Title	Shares				
1. Name and Address of Reporting Person [*] <u>Topline Capital Management, LLC</u>										
(Last) 544 EUCLI	(First) ID STREET	(Middle)								
(Street) SANTA MONICA	A CA 90402									
(City)	(State)	(Zip))							
1. Name and Address of Reporting Person [*] <u>McBirney Collin</u>										
(Last) (First) (Middle) 544 EUCLID STREET										
(Street) SANTA MONICA	СА	904	402							
(City)	(City) (State) (Zip)		_							

Explanation of Responses:

1. The reporting persons are (i) Topline Capital Management, LLC, an SEC registered adviser ("TCM"), and (ii) Collin McBirney, TCM's managing member.

2. Each reporting person may be deemed to beneficially own more than 10% of the issuer's outstanding shares of common stock. Each reporting person disclaims beneficial ownership of the shares of common stock reported herein except to the extent of its or his pecuniary interest therein, and this report shall not be deemed to be an admission that any reporting person is the beneficial owner of such shares for purposes of Section 16 or for any other purpose.

3. The 5,958,751 shares of common stock reported in Table I on this Form 3 are beneficially owned by Topline Capital Partners, LP, a Delaware limited partnership (the "Fund"). As a greater than 10% beneficial owner, the Fund is separately reporting its holdings in the issuer's securities on a Form 3 filed concurrently herewith. Each of TCM, as the investment manager and general partner of the Fund, and Mr. McBirney, as managing member of TCM, may be deemed to be the beneficial owner of the shares of common stock beneficially owned by the Fund.

 Topline Capital

 Management, LLC, By:

 Collin McBirney, its

 Managing Member

 Collin McBirney

 10/01/2024

 ** 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.