STATEMENT OF CHANGES IN 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 *
   VINIAR DAVID A
   1455 MARKET STREET, SUITE 600
   SAN FRANCISCO, CA 94103

2. Issuer Name and Ticker or Trading Symbol
   Square, Inc. [ SQ ]

3. Date of Earliest Transaction (MM/DD/YYYY)
   6/23/2016

4. If Amendment, Date Original Filed (MM/DD/YYYY)

5. Relationship of Reporting Person(s) to Issuer
   (Check all applicable)
   __ X__ Director
   ______ 10% Owner
   _____ Officer (give title below)
   _____ Other (specify below)

6. Individual or Joint/Group Filing (Check Applicable Line)
   ___ Form filed by One Reporting Person
   __ X Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

<table>
<thead>
<tr>
<th>Title of Security</th>
<th>Trans. Date</th>
<th>Trans. Code</th>
<th>Securities Acquired (A) or Disposed of (D)</th>
<th>Amount of Securities Beneficially Owned Following Reported Transaction(s)</th>
<th>Ownership Form: Direct (D) or Indirect (I) (Instr. 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class A Common Stock</td>
<td>6/23/2016</td>
<td>A</td>
<td>(A) or (D)</td>
<td>35049 (1)</td>
<td>D</td>
</tr>
</tbody>
</table>

Explanation of Responses:

( Represents an automatic annual restricted stock unit (RSU) award issued pursuant to the Issuer's Outside Director Compensation Policy. Each RSU represents 1) a contingent right to receive one share of the Issuer's Class A Common Stock upon settlement. 100% of the RSUs vest on the earlier of June 23, 2017 or the Issuer's next annual meeting of stockholders.

Reporting Owners

Reporting Owner Name / Address: VINIAR DAVID A
1455 MARKET STREET
SUITE 600
SAN FRANCISCO, CA 94103

Relationships

Director 10% Owner Officer Other

X

Signatures

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 4(b)(v).


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 control number.