## FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

A / la : 4	D C	20540
Vashington,	D.C.	20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB North and	0005 0007								
OMB Number:	3235-0287								
Estimated average burden									
hours per response:	0.5								

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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

Name and Address of Reporting Person*     Dvorkin Howard				Fle	Issuer Name and Ticker or Trading Symbol     FlexShopper, Inc. [ FPAY ]      Date of Earliest Transaction (Month/Day/Year)								neck all X D	all applicab Director	able)	g Pers	on(s) to Issi 10% Ow Other (s	ner		
(Last)	(	First)	(Middle)		04/	12/2	2023		,						elow)	(9.10 1.10		below)		
C/O FLEXSHOPPER, INC.					1 If	4. If Amandment, Date of Original Filed (Month/Day/March)								6 Individual or Joint/Croup Filing (Check Applies II						
901 YAMATO RD, STE. 260					4. "	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
														X Form filed by One Reporting Person						
(Street) BOCA R	ATON I	īL	33431			Form filed by More than One Reporting Person											ting			
					-  Rι	Rule 10b5-1(c) Transaction Indication														
(City) (State) (Zip)					Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.															
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1 Title of 9	Security (In		1	2. Trans		_	2A. Deeme		3.	7		rities Acqui		_	mou		6. Ov	nership	7. Nature	
1. Title of Security (Instr. 3)  2. Trans Date (Month/I				Execution D		Date,	Transaction Code (Ins	Transaction Disposed C Code (Instr. 5)		ed Of (D) (Instr. 3, 4 and		d Se Be Ow	uritie neficia ned F	es Fo ally (D Following (I)		orm: Direct  o) or Indirect (Instr. 4)	of Indirect Beneficial Ownership (Instr. 4)			
								Code V Amou				Amount	Tra	Reported Transaction(s) (Instr. 3 and 4)						
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution Date, if any (Month/Day/Yea	ate, T	4. Transaction Code (Instr. 8)				6. Date Exercisa Expiration Date (Month/Day/Year		of Securities		ies g Security	Deriv Secu	3. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s	s Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable	Exp Dat	oiration e	Title	Amount or Number of Shares	er		(Instr. 4)				
Common Stock Option	\$0.75	04/12/2023			A		224,418		(1)	04/	12/2023	Common Stock	224,418	\$	)	224,41	8	D		
Common Stock Option	\$0.75	04/12/2023			A		48,624		04/12/2023	04/	12/2023	Common Stock	48,624	\$	)	48,624	4	D		
Common Stock Option	\$1.28	06/30/2023			A		28,988		06/30/2023	06/3	30/2023	Common Stock	28,988	\$	)	28,988	3	D		

## **Explanation of Responses:**

 $1. \ The \ options \ shall \ vest \ in \ four \ equal \ quarterly \ installments, commencing \ on \ April \ 12, \ 2023.$ 

/s/ Howard Dvorkin by H.

Russell Heiser Jr, as attorney- 07/10/2023

in-fact

\*\* Signature of Reporting Person Date

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

- $^{\star}$  If the form is filed by more than one reporting person, see Instruction 4 (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.