Che

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. 20549 | |
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| Check this box if no longer subject |
|-------------------------------------|
| to Section 16. Form 4 or Form 5 |
| obligations may continue. See |
| Instruction 1(b). |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

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 | | | | | 2. Issuer Name and Ticker or Trading Symbol FlexShopper, Inc. [FPAY] | | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner | | | | | | |
|--|--|---------|-----------------------------------|---|---|--|---|------------------------------|-------------------------------|----------------------------------|----------|--|-----------------------|---|--|---|-------------------|---|----------------|--|
| l | (Fir | R, INC. | viiddle) | | 3. Date of Earliest Transaction (Month/Day/Year) 03/17/2020 | | | | | | | | | | Officer (give title below) | | e Other below) | | (specify /) | |
| 901 YAMATO ROAD, STE. 260 | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) | RATON FL | 3 | 3431 | | X Form filed by One Reporting Per- Form filed by More than One Rep Person | | | | | | | | | | | | | | | |
| (City) | (St | ate) (Z | Zip) | | | | | | | | | | | | | | | | | |
| | | Table | I - Non- | -Deriva | tive S | Secui | rities | Acq | uired | , Dis | posed of | , or E | enefic | ially O | wne | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | Execu if any | . Deemed ecution Date, any onth/Day/Year) | | 3. Transaction Code (Instr. 8) 4. Securities A Disposed Of (I 5) | | | | | | s ally ollowing | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | | | | | | | Code | v | Amount | (A) o (D) | r Price | Trar | Transaction(s) (Instr. 3 and 4) | | | | (iiisti. 4) | |
| Common | Stock | | 03/17/2020 P 20,000 A \$1.3 1,865 | | | | 5,353 I | | I See footnote ⁽¹⁾ | | | | | | | | | | | |
| | 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) | ivative conversion or exercise price of Derivative Security Conversion or Exercise (Month/Day/Year) Execution Date, if any (Month/Day/Year) Execution | | n Date, | 4. Transaction Code (Instr. 8) | | 5. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instr and 5 | rities ired r osed) r. 3, 4 | 6. Date Expirat (Month | tion D | ate Am Year) Sec Un Dei | | e and nt of ities lying ative ity (Instr. 4) | | | 9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4) | Ownersh Form: Direct (D or Indire (I) (Instr. | | Beneficial Ownership t (Instr. 4) | | |
| | | | Code | v | (A) | (D) | Date Exercisable | | Expiration Date | or Numb of Title Share | | | | | | | | | | |

1. Held of record by NRNS Capital Holdings, LLC ("NRNS"), of which the reporting person is the manager. The reporting person disclaims beneficial ownership of the Issuer held of record by NRNS except to the extent of his pecuniary interest therein. Amount excludes 753,697 shares of the Issuer's common stock which are issuable upon the exercise of warrants held of record by NRNS.

/s/ Howard Dvorkin by Peter Lyons, as attorney-in-fact

03/18/2020

** 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 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.