FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| ashington, | D.C. | 20549 | |
|------------|------|-------|--|
| | | | |

| STATEMENT | OF CHANGES I | N BENEFICIAL | OWNERSHIP |
|-----------|--------------|--------------|-----------|
| | | | |

| OMB APPROVAL | | | | | | | | |
|-----------------------|--------|--|--|--|--|--|--|--|
| 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

| 1. Name and Address of Reporting Person* TURNEY SHAREN J | | | | | 2. Issuer Name and Ticker or Trading Symbol ALLIANCE DATA SYSTEMS CORP [ADS] | | | | | | | (Ch | eck all app X Direct | tor | ng Per | 10% O | wner | | |
|---|--|-------|---------------------------------|-----------------|--|---|------------------|--|------------------|---|----------------------------|---------------|---|--|--|--|--|--|--|
| (Last) 3075 LO | (F YALTY C | , | Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/15/2021 | | | | | | | | Officer (give title below) | | Other (: below) | sреспу | | |
| (Street) | | | 13219 | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | Line | e) <mark>X</mark> Form | r Joint/Group Filing (Check Applicable I filed by One Reporting Person I filed by More than One Reporting On | | | | |
| (City) | (5 | | Zip) | | <u> </u> | | | | | | | | | | | | | | |
| | | Table | I - Noi | n-Deriva | tive S | Secu | rities | Acq | uired, | Dis | posed of | , or I | 3ene | ficia | Ily Own | ed | | | |
| Date | | | 2. Transad Date (Month/Da | Execution Date, | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5) | | | | Benefic | ies cially Following | Form (D) o | n: Direct r Indirect istr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | | |
| | | | | | | Code | v | Amount | (A) or (D) | | Price | Transa | action(s) . 3 and 4) | | | (msu. 4) | | | |
| Common Stock | | | 06/15/ | 2021 | | | A ⁽¹⁾ | | 1,213 | 1 | A | (1) | 6,853 ⁽²⁾ | | | D | | | |
| | 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 3. Transaction Date (Month/Day/Year) 3A. Deemed Execution Date, if any (Month/Day/Year) | | | on Date, | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) | | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | y | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | able | Expiration Date | Title | Amo or Num of Sha | ber | | | | | |

Explanation of Responses:

- 1. The new grant is for 1,213 shares of common stock represented by restricted stock units. The restrictions on 100% of the shares will lapse on the earlier of (i) 6/15/31 or (ii) termination of the director's service on the Company's board of directors, but in any case not earlier than June 15, 2022.
- 2. The total amount of securities beneficially owned includes: (a) 1,725 unrestricted shares; (b) 959 unvested restricted stock units granted 6/24/19; (c) 2,956 unvested restricted stock units granted 6/22/20; and (d) the new grant for 1,213 restricted stock units.

Cynthia L. Hageman, Attorney in Fact

06/17/2021

** 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.