Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

| Washington, E | D.C. 20549 |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

| | | | | | or Se | ection | su(n) o | tne ir | ivestme | ent Co | mpany Act o | 1 1940 | | | | | | | |
|--|---|--|----------|---------------------------------|--|-----------|---------|-------------------------|--|---|--------------------------------------|---|------------------------|-----------------------------|---|--|-------------------------------------|--|--|
| 1. Name and Address of Reporting Person* HORN CHARLES L | | | | | 2. Issuer Name and Ticker or Trading Symbol ALLIANCE DATA SYSTEMS CORP | | | | | | | | | | eck all app Direc | ionship of Reporting all applicable) Director | | 10% O | |
| | | | | | _ ADS] | | | | | | | | | | Office below | er (give title | | Other (: below) | specify |
| (Last) (First) (Middle) 7500 DALLAS PARKWAY, SUITE 700 | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/16/2021 | | | | | | | | | | | EVP & Ser | nior A | , | |
| (Street) | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | | | | |
| PLANO | ТУ | 7 | 5024 | | | | | | | | | | | | , | filed by On | e Rep | orting Pers | on |
| | | | | | | | | | | | | | | | Form Perso | filed by Mo | re tha | n One Rep | orting |
| (City) | (St | ate) (Z | Zip) | | | | | | | | | | | | | | | | |
| | | Table | I - No | n-Deriva | tive S | Secu | rities | Acq | uired | , Dis | posed of | , or l | 3ene | eficia | ly Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | | | Execution | | | Transaction Disposed (Code (Instr. 5) | | ies Acquired (A Of (D) (Instr. 3, | | | Securit Benefic Owned | 5. Amount of Securities Beneficially Owned Following | | n: Direct r Indirect istr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | | v | Amount | (A) (D) | (A) or (D) | | Transa | Reported Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) |
| Common Stock 02/16/2 | | | | | 2021 | | | F ⁽¹⁾ | | 520 | I |) [| \$86.3 | 1 6,300 ⁽²⁾ | | | D | | |
| | | Tal | ole II - | | | | | | | | osed of, convertib | | | | / Owne | d | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | if any | emed ion Date, /Day/Year) | Code (Ir | | | | 6. Date Exerc Expiration Da (Month/Day/Y | | ite | 7. Title and Amount of Securities Underlying Derivative Security (In 3 and 4) | | (| s. Price of Derivative Security Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Codo | v | (A) (D) | | Date Exercisable | | Expiration | Titlo | Amo or Num of | nber | | | | | |

Explanation of Responses:

- 1. Shares withheld by the Company to satisfy the Reporting Person's tax withholding obligation upon the vesting of restricted stock units.
- 2. The total number of securities beneficially owned includes 6,300 unrestricted shares.

Cynthia L. Hageman, 02/18/2021 **Attorney in Fact**

** 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.