FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL								
	OMB Number:	3235-0287							
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	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* BURKE RICHARD T						2. Issuer Name and Ticker or Trading Symbol FIRST CASH FINANCIAL SERVICES INC [FCFS]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
						3. Date of Earliest Transaction (Month/Day/Year) 05/08/2008									Officer (give title Other (specify below) below)					
(Street) ARLINGTON TX 76011				4.	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting						
(City) (State) (Zip)														Person						
		Tab	ole I - N	on-Deri	ivativ	e Se	curiti	ies A	cquired	l, Di	sposed	of, or B	enefici	ally	Owned					
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/						/Year) Exec		. Deemed ecution Date, iny onth/Day/Year)		Transaction Dispos		rities Acquired (A) or ed Of (D) (Instr. 3, 4 a		and 5) Securit		es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A) or (D)	Price		Transaction(s) (Instr. 3 and 4)					
Common Stock 05/08/20					/2008	008			S		5,500 ⁽¹	1) D	\$15.0	0057	2,527,500			D		
Common Stock 05/09/200					/2008	008			S		9,500(1	1) D	\$1	5	2,518,000			D		
		-	Table II									f, or Ber			wned					
Derivative Conversion Date		3. Transaction Date (Month/Day/Year)	Executio			1. Fransaction Code (Instr.		5. Number of		6. Date Exercisable and Expiration Date (Month/Day/Year)			d Amount ies g Security nd 4)	D	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Own Forn Dire or In (I) (Ir	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	Amount or Number of Share							
Options	\$20								01/28/20	05	01/28/2015	Common Stock	30,000	0		30,000		D		
Options	\$12.5								01/28/20	05	01/28/2015	Common Stock	30,000	0		30,000		D		
Options	\$9.67							П	01/29/20	04	01/29/2014	Common Stock	75,00	0		75,000		D		
Warrants	\$2.67								04/03/20	02 (04/03/2012	Common Stock	75,00	0		75,000		D		
Options	\$3.33								01/29/20	03 (01/29/2013	Common Stock	30,00	0		30,000		D		
Options	\$17.5								01/28/20	05 (01/28/2015	Common Stock	30,000	0		30,000		D		
Options	\$15								01/28/20	05 (01/28/2015	Common Stock	30,000	0		30,000		D		
Options	\$15								12/20/20	05	12/20/2015	Common Stock	30,000	0		30,000	0	D		
Options	\$19								12/20/20	05	12/20/2015	Common Stock	30,000	0		30,000	D	D		
Options	\$0.67								12/15/20	00	12/15/2010	Common Stock	150,00	00		150,00	0	D		
Options	\$17								12/20/20	05	12/20/2015	Common Stock	30,000	0		30,000	0	D		
Warrants	\$2.67								02/18/19	98	02/18/2013	Common Stock	300,00	000		300,00	0	D		

Explanation of Responses:

 $1. \ Shares \ sold \ were \ owned \ by \ Mr. \ Burke's \ spouse. \ Mr. \ Burke \ disclaims \ beneficial \ ownership \ of \ such \ shares.$

Remarks:

Charitable contribution to a private school on December 29, 2006.

/s/ Richard T. Burke

05/09/2008

** 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.