FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | OMB APPROVAL | | | | | | | | | |
|---|------------------------|-----------|--|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | | |
| l | Estimated average burd | len | | | | | | | | |
| l | 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* LOVE JOE R | | | | | | | 2. Issuer Name and Ticker or Trading Symbol FIRST CASH FINANCIAL SERVICES INC [FCFS] | | | | | | | | | eck all appli X Direct | ationship of Reporti k all applicable) Director | | 10% Ov | ner | |
|---|---|--|--|------------|------------------------------|---|--|-------|--|-------------------------------|-------|--|---------------|--|---------------------------------|---|--|------------------------|--|--|--|
| (Last) 690 E LA | Last) (First) (Middle) 90 E LAMAR BLVD 400 | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/23/2003 | | | | | | | | | | | Officer (give title below) | | Other (s below) | :pecity | |
| , | ARLINGTON TX 76011 | | | | | 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 Form filed by More than One Reporting Person | | | | | |
| (City) | (3 | , | , | n_Deri | vativ | | curit | ios A | Cal | uired | Die | nosad | of or | Bon | oficiall | v Owner | · | | | | |
| Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transa Date (Month/D. | | | | | | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | 3. Transa Code (I 8) | ction | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 | | | (A) or | 5. Amou Securiti Benefic Owned | int of es ially Following | Form (D) o | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amoun | | (A) or (D) | | Reporte Transac (Instr. 3 | tion(s) | | | (Instr. 4) | | |
| Common Stock 09/23 | | | | | | /2003 | | | | S | | 2,855 | | D | \$22.9 | 4 152 | 2,218 | | D | | |
| Common | nmon Stock | | | | /24/2003 | | | | | S | | 12,1 | 45 | D | \$23.0 | 5 140 | 140,073 | | D | | |
| | | | Table II - | Deriva | ative puts, | Sec | uritie ls, wa | s Ac | qui ts. c | red, D | ispo | sed o | f, or B | enef ecur | ficially ities) | Owned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Day | d Date, | 4. Transa Code (8) | ection | 5. Number of | | 6. Date Exercisal Expiration Date (Month/Day/Year) | | | ole and 7. Tit of Se Unde Deriv | | 7. Title and Amount of Securities Inderlying Derivative Security Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4) | Owner Services on Inc. | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Dat Exe | te ercisable | | piration te | Title | or No | mount umber Shares | | | | | | |
| Options | \$10 | | | | | | | | 04. | /12/1999 | 04/ | 12/2009 | Commo | | 25,000 | | 185,00 | 00 | D | | |
| Options | \$10 | | | | | | | | 01. | /29/2003 | 01/ | 29/2013 | Commo | | 0,000 | | 185,00 | 00 | D | | |
| Warrants | \$8 | | | | | | | | 02 | /18/1998 | 02/ | 18/2013 | Commo | | 00,000 | | 185,00 | 00 | D | | |
| Warrants | \$8 | | | | | | | | 04. | /03/2002 | 04/ | 03/2012 | Commo | on 5 | 50,000 | | 185,00 | 00 | D | | |

Explanation of Responses:

Joe R. Love

09/25/2003

** Signature of Reporting Person

Date

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

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.

 $^{^{\}star}$ 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).