FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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 OMB Number: 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

1. Name and Address of Reporting Person* POWELL JOHN C						2. Issuer Name and Ticker or Trading Symbol FIRST CASH FINANCIAL SERVICES INC [FCFS]									Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner						
(Last)	(First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 01/28/2005									X Officer (give title Other (specify below) Sr VP Information Technology							
(Street)						4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable Line)					
(City) (State) (Zip)														X Form filed by One Reporting Person Form filed by More than One Reporting Person							
		Tal	ole I - Non-	Deriva	tive	Se	curities	s Ac	quired, D	Disp	osed o	f, or B	enefic	ially	Owned						
1. Title of Security (Instr. 3) 2. Transa Date (Month/D					Day/Year)		2A. Deemed Execution Date if any (Month/Day/Yea		Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)				5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A) (D)	or Pr	ice	Transact (Instr. 3	ion(s)					
			Table II - D (e						uired, Dis						Owned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day)	ate, Tra	ransaction ode (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisabl Expiration Date (Month/Day/Year)		able and	7. Title and Amou of Securities Underlying Derivative Securit (Instr. 3 and 4)		unt	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Co	ode V	,	(A)	(D)	Date Exercisable		xpiration ate	Title	Amo or Num of Shar	ber							
Options	\$19.33								12/15/2004	0	1/29/2014	Common	1,8	75		45,00	0	D			
Options	\$19.33								01/29/2009	0	1/29/2014	Commo	5,6	25		45,000		D			
Options	\$13.37								10/01/2008	1	0/01/2013	Common Stock	7,5	00		45,00	0	D			
Options	\$6.67								01/29/2008	0	1/29/2013	Common	15,0	000		45,00	0	D			
Warrants	\$5.33								04/03/2007	0	4/03/2012	Common	15,0	000		45,00	0	D			
Options	\$25	01/28/2005		N	И		15,000		01/28/2005	0	1/28/2015	Common	15,0	000	(1)	60,00	0	D			
Options	\$30	01/28/2005		N	И		15,000		01/28/2005	0	1/28/2015	Common	15,0	000	(1)	75,00	0	D			
Options	\$35	01/28/2005		N	И		15,000		01/28/2005	0	1/28/2015	Common Stock	15,0	000	(1)	90,00	0	D			
Options	\$40	01/28/2005		N	И		15,000		01/28/2005	0	1/28/2015	Common Stock	15,0	000	(1)	105,00	00	D			
Options	\$45	01/28/2005		N	И		15,000		01/28/2005	0	1/28/2015	Common Stock	15,0	000	(1)	120,00	00	D			
Options	\$50	01/28/2005		N	И		15,000		01/28/2005	0	1/28/2015	Common Stock	15,0	000	(1)	135,00	00	D			
Options	\$55	01/28/2005		N	И		15,000		01/28/2005	0	1/28/2015	Commo	15,0	000	(1)	150,00	00	D			

Explanation of Responses:

1. Issue pursuant to FCFS stock option plan.

John C. Powell

02/01/2005

** Signature of Reporting Person

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.