Instruction 1(b).

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Washington, D.C. 20549

| Check this box if no longer subject to | STATEMENT OF CHANGES IN BENEFICIAL | OWNERSHIP |
|--|------------------------------------|------------------|
| Section 16. Form 4 or Form 5 | | |
| obligations may continue. See | | |

OMB APPROVAL

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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* ORR R DOUGLAS | | | | | FI EI | 2. Issuer Name and Ticker or Trading Symbol FIRST CASH FINANCIAL SERVICES INC [FCFS] | | | | | | | | (Che | ck all applic | able) | g Pers | son(s) to Issi 10% Ow Other (s | vner |
|---|--------------------|------------|----------------|-----------------------------------|---|--|-------|---------------------------------------|-------------------|------|--|--------------------|----------------|--|--|--------|--|--|------------|
| (Last) (First) (Middle) 690 E. LAMAR BLVD., STE. 400 | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/18/2015 | | | | | | | | | below) | | inan | below) | | |
| (Street) ARLINC | | | 76011 (Zip) | | 4. 1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | 6. Inc | Form fi | idual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | Tab | le I - Nor | า-Deriv | ativ | e Se | curit | ties Ac | quired, | Disp | osed o | f, or Be | nef | icially | y Owned | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Disposed Code (Instr. 5) | | | ities Acquired (A) or d Of (D) (Instr. 3, 4 ar | | | | es Fo ally (D Following (I) | | . Ownership form: Direct D) or Indirect I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | (A) o | r F | Price | Reported Transact (Instr. 3 a | ion(s) | | | (Instr. 4) |
| Common | Common Stock 12/18 | | | 3/201 | /2015 | | М | | 30,000 A | | | \$17 | 198, | 198,000(1) | | D | | | |
| | | - | Table II - | | | | | | | | | or Ben ble secu | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) 2. Conversion Date (Month/Day/Year) 3. Transaction Date Execution Date, (Month/Day/Year) (Month/Day/Year) | | | Date, T | 4. Transaction Code (Instr. | | of | | 6. Date Ex Expiration (Month/Da | Date | | 7. Title and Amoun of Securities Underlying Derivative Security (Instr. 3 and 4) | | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | C | Code | v | (A) | (D) | Date Exercisab | | expiration Date | Title | or Nu of | nount mber ares | | | | | |
| Options | \$17 | 12/18/2015 | | | M | | | 30,000 | 12/20/200 | 5 1 | 2/20/2015 | Common | 30 | ,000 | \$0 ⁽²⁾ | 0 | | D | |

Explanation of Responses:

- 1. Includes 27,000 shares of non-vested restricted stock. Vesting is contingent pursuant to the Company's shareholder-approved Executive Performance Incentive Plan.
- 2. Issued pursuant to the Company's shareholder approved equity compensation plan.

Remarks:

/s/ R. Douglas Orr

12/21/2015

** 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.