## FORM 5

Section 16. Form 4 or Form 5 obligations may continue. See

Instruction 1(b)

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

I OIVIVI 3	ONLIED OLIVILEO GEOGRAFILEO MAD
	Washington, D.C. 2
Check this box if no longer subject to	

ngton, D.C. 20549	OMB APPROVA

3235-0362 OMB Number: Estimated average burden hours per response: 1.0

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL **OWNERSHIP** 

Form 3	Holdings Rep	orted.												Lilou	iis pei re:	sponse.		1.0	
Form 4	Transactions I	Reported.	Fil	ed pursuant t or Sectio					rities Excha Company Ac										
Name and Address of Reporting Person*     Moore Sean				<u>FIRST</u>	2. Issuer Name and Ticker or Trading Symbol FIRST CASH FINANCIAL SERVICES INC [ FCFS ]							(Che	eck all applic	cable) or	. 1			L0% Owner	
(Last) 690 E. L.	`	vD., STE. 400	(Middle)		3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2014						X Officer (give title Other (specify below)  SVP Store Development						Cony		
(Street) ARLING (City)			76011 (Zip)	4. If Amer	4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	Individual or Joint/Group Filing (Check Applicable ne)  X Form filed by One Reporting Person Form filed by More than One Reporting Person						
		Tab	le I - Non-Deri	vative Sec	curiti	es A	cquire	d, D	isposed (	of, or	Benefi	ciall	y Owned	i					
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Year)			Execution I	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Dispos Of (D) (Instr. 3, 4 and 5)				5. Amount Securities Beneficial Owned at	ly		nership In		. Nature of ndirect Beneficial Ownership		
								Amou	unt	(A) or (D)	Price		Issuer's F Year (Insti 4)		Indirec (Instr. 4	ct (I)   (Ins		. 4)	
Common	Common Stock												2,735(1)		D				
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	of Deriv	r osed ) r. 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Secu (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)		
					(A)	(D)	Date Exercis	able	Expiration Date	Title	or Num of Shar	ber							
Options	\$19						12/20/2	2005	12/20/2015	Comm		000		10,0	000	D			

## **Explanation of Responses:**

\$40

- 1. Includes 737 shares held in the First Cash 401(k) Profit Sharing Plan and 600 shares of non-vested restricted stock awards.
- 2. Vesting of these options is time-based with 20% of the award vesting on July 1, 2016, 20% of the award vesting on July 1, 2017, 20% of the award vesting on July 1, 2018, 20% of the award vesting of the award vesting on July 1, 2018, 20% of the award vesting of the award vesting 1, 2019 and 20% of the ward vesting on July 1, 2020. Shares reported are the remaining unvested and/or unexcercised option awards.

07/01/2016(2)

12/31/2020

## Remarks:

Options<sup>(2)</sup>

/s/ Sean D. Moore 02/16/2015

50,000

D

\*\* Signature of Reporting Person Date

50,000

Common Stock

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.