SEC Form 4	
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## FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

theck this box if no longer subject to tection 16. Form 4 or Form 5 bligations may continue. See Instruction 1(b).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden

	ction 1(b).			File					a) of the Se Investmen				f 1934			nours	perre	sponse.	0.5			
1. Name a ORR F	2.  : <u>FI</u>	or Section 30(h) of the Investment Company Act of 1940     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) Director 10% Owner Officer (give title Other (specify										
(Last) 690 E. L	(F AMAR BL	First) (Middle) .VD., #400				3. Date of Earliest Transaction (Month/Day/Year) 12/21/2009									below							
(Street) ARLINGTON TX 76011 (City) (State) (Zip)					- 4. I	4. If Amendment, Date of Original Filed (Month/Day/Year)									<ul> <li>6. Individual or Joint/Group Filing (Check Applicable Line)</li> <li>X Form filed by One Reporting Person</li> <li>Form filed by More than One Reporting Person</li> </ul>							
		Tab	le I - Noi	ו-Deriv	ative	e Se	curiti	es A	cquired,	Dis	posed	of, or E	Benefi	ciall	y Owned	d						
1. Title of	Security (Ins	tr. 3)		2. Trans Date (Month/I		Execution Date		Code (	4. Secu					A and 5. Amount of Securities Form: Direct of Beneficially (D) or Indirect Benoficially (D) or Indirect Owned Following (I) (Instr. 4) Ow					(D) (Instr. 3, 4 and Securities Form: Beneficially (D) or I			7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code	v	Amount	(A (D	or P	rice	Transac (Instr. 3	tion(s)			(1150.4)			
Common	1 Stock			12/21	1/2009	9			w	v	6,000	)(1)	A	\$ <mark>0</mark>	6,	000 I S			By Spouse			
Common	Stock														26	,500		D				
		Т							quired, D s, option						Owned							
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deeme Execution if any (Month/Da	ed Date,	4. Transaction Code (Instr. 8)		5. Number 6 n of E		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amo of Securities Underlying Derivative Secur (Instr. 3 and 4)		ount	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	y Direct (D) or Indirect (I) (Instr. 4	11. Nature of Indirect Beneficial Ownership (Instr. 4)				
					Code	v	(A)	(D)	Date Exercisabl		xpiration ate	Title	Amo or Num of Shai	iber								
Options	\$12.5								01/28/2005	5 01	L/28/2015	Commo Stock	<sup>n</sup> 52,	000		52,000	)	D				
Options	\$15								01/28/2005	5 01	1/28/2015	Commo Stock	<sup>n</sup> 60,	000		60,000	)	D				
Options	\$17.5								01/28/2005	5 01	1/28/2015	Commo Stock	<sup>n</sup> 60,	000		60,000	)	D				
Options	\$20								01/28/2005	5 01	1/28/2015	Commo Stock	<sup>n</sup> 60,	000		60,000	)	D				
Options	\$15								12/20/2005	5 12	2/20/2015	Commo Stock	<sup>n</sup> 60,	000		60,000	)	D				
Options	\$17								12/20/2005	5 12	2/20/2015	Commo Stock	<sup>n</sup> 60,	000		60,000	)	D				
Options	\$19								12/20/2005	5 12	2/20/2015	Commo Stock	<sup>n</sup> 60,	000		60,000	)	D				
Options	\$2.67								09/12/2007	7 09	9/12/2012	Commo Stock	<sup>n</sup> 12,	000		12,000		D				
Options	\$3.33								01/29/2008	B 01	L/29/2013	Commo	<sup>n</sup> 18,	000		18,000	, T	D				

Explanation of Responses:

1. Shares owned by the Estate of J.E. Montgomery, for which the Registrant's spouse is the executor. Registrant's spouse has a 50% interest in these shares.

/s/ R. Douglas Orr

Stock

\*\* Signature of Reporting Person Date

12/23/2009

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.