FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).	to
---	----

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

Name and Address of Reporting Person* ORR R DOUGLAS						2. Issuer Name and Ticker or Trading Symbol FIRST CASH FINANCIAL SERVICES INC [FCFS]								(Cr	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify						
(Last) (First) (Middle) 690 E. LAMAR BLVD., #400						3. Date of Earliest Transaction (Month/Day/Year) 08/14/2006									below) EVP & Chief Financial Officer						
(Street) ARLINGTON TX 76011					4.1	If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable) X Form filed by One Reporting Person Form filed by More than One Reporting						
(City) (State) (Zip)														Persor	1						
		Tak	le I - Non	-Deriv	/ativ	e Se	curi	ties Ac	quired,	Disp	osed o	f, o	r Ben	eficial	ly Owned						
1. Title of Security (Instr. 3)			2. Trans Date (Month/		ear)	2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)			(A) or 3, 4 and	Benefici	es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code	v	Amount	t (A) or (D)		Price	Transaci (Instr. 3	tion(s)			(111341. 4)		
Common Stock				08/14/2006)6			M		18,75	50 A		\$9.6	7 48	,750	750 D				
			Table II - I						uired, D s, option						Owned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	cise (Month/Day/Year)	3A. Deemed Execution E if any (Month/Day	Date,	4. Transaction Code (Instr. 8)		5. Number 6		Expiration	6. Date Exercisa Expiration Date (Month/Day/Yea		7. Title and Am of Securities Underlying Derivative Sec (Instr. 3 and 4)		ecurity 4)	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transactie (Instr. 4)	s S Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisabl		expiration tate	Title	1	Amount or Number of Shares							
Options	\$9.67	08/14/2006			M			18,750	03/20/200	6 0	1/29/2014		nmon ock	18,750	\$0	0		0		D	
Options	\$20								01/28/200	5 0	1/28/2015		nmon ock	50,000		60,00	0	D			
Options	\$17.5								01/28/200	5 0	1/28/2015		nmon ock	50,000		60,00	D	D			
Options	\$15								12/20/200	5 1	2/20/2015	Con	nmon ock	50,000		60,00	0	D			
Options	\$3.33								01/29/200	В О	1/29/2013		nmon ock	30,000		30,00	0	D			
Options	\$17								12/20/200	5 1	2/20/2015	Con	nmon ock	50,000		60,00	0	D			
Options	\$12.5								01/28/200	5 0	1/28/2015		nmon ock	50,000		60,00	D	D			
Options	\$15								01/28/200	5 0	1/28/2015		nmon ock	50,000		60,00	0	D			
Options	\$19								12/20/200	5 1	2/20/2015	Con	nmon ock	50,000		60,00	0	D			
Options	\$2.67								09/12/200	7 0	9/12/2012	Con	nmon g	30,000		30,00	0	D			

Explanation of Responses:

Remarks:

Shares and per share amounts reflect 2-for-1 stock split effective on Feb. 22, 2006.

/s/ R. Douglas Orr

08/15/2006

** 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.