FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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

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* BURKE RICHARD T						2. Issuer Name and Ticker or Trading Symbol FIRST CASH FINANCIAL SERVICES INC [FCFS]									k all applic Directo	,		son(s) to Issuer 10% Owner Other (specify	
(Last) (First) (Middle) 690 EAST LAMAR BLVD., SUITE 400						3. Date of Earliest Transaction (Month/Day/Year) 09/14/2007									below)	(give and		below)	poony
(Street) ARLINGTON TX 76011					4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person				n	
(City) (State) (Zip)																			
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da					saction	ear) i	2A. Dee Execution (Month/	med on Dat	a. Transa Code (3. 4. Secur Transaction Code (Instr.		rities Acquired (A) ed Of (D) (Instr. 3, 4		or 5. Amou Securitie Benefici		nt of	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	(A) (D)	or Pric	ce	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common Stock				09/1	09/14/2007				S		100,0	000 D \$		1.47	2,633	2,633,000(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. Deeme Execution if any (Month/Day	Date,	4. Transaction Code (Instr. 8)		of E		Expiration	5. Date Exercisable and Expiration Date Month/Day/Year)		7. Title and Amou of Securities Underlying Derivative Securi (Instr. 3 and 4)			3. 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)
					Code	v	(A)	(D)	Date Exercisable		piration ate	Amou or Numb Title of Sha		er					
Options	\$20								01/28/2005	01	/28/2015	Common Stock	30,00	00	30,		0	D	
Options	\$12.5								01/28/2005	01	/28/2015	Common Stock	30,00	00	30,00		0	D	
Options	\$9.67								01/29/2004	01	/29/2014	Common Stock	75,00	00	75,00		0	D	
Warrants	\$2.67								04/03/2002	2 04	/03/2012	Common Stock	75,00	00		75,000		D	
Options	\$3.33								01/29/2003	01	/29/2013	Common Stock	30,00	00		30,000		D	
Options	\$17.5								01/28/2005	01	/28/2015	Common Stock	30,00	00		30,000	0	D	
Options	\$15								01/28/2005	01	/28/2015	Common Stock	30,00	00		30,000	0	D	
Options	\$15								12/20/2005	12	/20/2015	Common Stock	30,00	00		30,000	0	D	
Options	\$19								12/20/2005	12	/20/2015	Common Stock	30,00	00		30,000	0	D	
Options	\$0.67								12/15/2000	12	/15/2010	Common Stock	150,0	00		150,00	0	D	
Options	\$17								12/20/2005	12	/20/2015	Common Stock	30,00	00		30,000	0	D	
Warrants	\$2.67								02/18/1998	02	/18/2013	Common Stock	300,0	00		300,00	0	D	

Explanation of Responses:

1. Includes 15,000 shares of common stock owned by Mr. Burke's spouse. Mr. Burke disclaims beneficial ownership of such shares.

Remarks:

/s/ Richard T. Burke

09/14/2007

** 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.