FORM 5

Check this box if no longer subject to

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C	20549
wasinington,	D.C.	20343

OWNERSHIP

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ANNUAL STATEMENT	OF CHANGES IN BENEFICIAL

OMB APPROVAL							
OMB Number:	3235-0362						
Estimated average burden							

1.0

hours per response:

Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Form 3 Holdings Reported.

Form 4	Transactions R	eported.	File	d pursuant to or Sectior					ities Excha ompany Ac									
1. Name and Address of Reporting Person* ORR R DOUGLAS				2. Issuer Name and Ticker or Trading Symbol FIRST CASH FINANCIAL SERVICES INC [FCFS]							Check all	applica irector	able)	riting Person(s) to Issuer 10% Owner tle Other (specify				
(Last) (First) (Middle) 690 E. LAMAR BLVD., STE. 400				3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2015						Year)	X Officer (give title Other (specify below) EVP & Chief Financial Officer							
(Street) ARLING (City)	4. If Amendment, Date of Original Filed (Month/Day/Year)							ine) X F F	′									
		Table	e I - Non-Deriv	ative Sec	uritie	s Ac	quire	d, Di	sposed	of, or	Benefici	ally Ov	ned					
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year)		Execution Date, if any		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Dispo Of (D) (Instr. 3, 4 and 5)			or Dispose	Securiti Benefic		ties Ov cially Fo at end of (D		ership I : Direct E	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
								Amou	nt	(A) or (D)	Price	Year (In 4)				. 4)`´	, ,	
Common	Common Stock										1	86,000(1)			D			
		Та	ble II - Derivat (e.g., pı	ive Securi uts, calls,									ed					
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	r r osed) : 3, 4	Expiration Dat (Month/Day/Ye				e and int of ities rlying ative rity (Instr. 3) Amount or Number of	ınt				10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	

Explanation of Responses:

1. Includes 15,000 shares on non-vested restricted stock.

Remarks:

/s/ R. Douglas Orr

02/16/2016

** 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.