FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

OMB Number: 3235-02							
Estimated average burden							
hours per response:	0.5						

Section obligat	this box if no lo n 16. Form 4 or ions may contir tion 1(b).		STAT		d pursu	ant to S	Section 16	Ges IN G(a) of the S the Investme	ecuri	ies Excha	ange A	ct of 19		HIP	Estima	Number ated ave per res	erage burde	3235-0287 n 0.5	
1. Name and Address of Reporting Person* POWELL PHILLIP E (Last) (First) (Middle) 690 E LAMAR BLVD					2. Issuer Name and Ticker or Trading Symbol FIRST CASH FINANCIAL SERVICES INC [FCFS] 3. Date of Earliest Transaction (Month/Day/Year) 08/18/2003								IC (Che	Relationship of Reporting Person(s) to Issuer Check all applicable) X Director 10% Owner X Officer (give title Other (specify below) Chairman & CEO					
(Street) ARLINGTON TX 76011 (City) (State) (Zip)				4. If Amendment, Date of Original Filed (Month/Day/Year)								Line	 6. Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person 						
(,)	(-		ble I - Nor	-Deriv	ative	Secu	rities A	cauired	Dis	nosed	of o	r Ren	eficially	v Owned					
1. Title of Security (Instr. 3)				2. Transa Date (Month/D	2A. Exe if an	2A. Deemed Execution Date,		4. Secu		urities Acquired (A) or sed Of (D) (Instr. 3, 4 a		I (A) or	5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
						_		Code	V	Amoun	t	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)					
Common	08/18/		_				<u> </u>	10,000 A		\$10		67,500		D					
Common	08/18/	/2003					50,000 A		\$2	117,500		D							
			Table II -					quired, l ts, optio						Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Da if any (Month/Day/Y	Cod	nsaction of de (Instr. De Se Ac (A Di of		lumber ivative curities quired or posed D) (Instr. and 5)	Expiration	6. Date Exercisable an Expiration Date (Month/Day/Year)		7. Title and Amo Securities Unde Derivative Secu (Instr. 3 and 4)		derlying curity	8. Price of Derivative Security (Instr. 5)	9. Numbe derivativ Securitie Beneficia Owned Following Reported Transacti (Instr. 4)	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)	
				Cod	de V	(A)	(D)	Date Exercisab		xpiration ate	Title	I	Amount or Number of Shares						
Options	\$10	08/18/2003		м	r I		10,000	04/12/199	9 04	4/12/2009	2009 Common Stock		10,000	(1) 823,0		823,000 D			
Options	\$2	08/18/2003		М	r 🛛		50,000	12/15/200	0 12	2/15/2010	Common Stock 50,		50,000	(1)	773,000		D		
Options	\$10							04/12/199	9 04	4/12/2009	2009 Common Stock 1		115,000		773,000		D		
Options	\$2							12/15/200	0 12	2/15/2010	10 Common Stock 100		100,000		773,000		D		
Warrants	\$4.625							01/15/199	6 0	1/15/2011	Com Sto		198,000		773,0	00	D		
Warrants	\$8							04/03/200	2 04	4/03/2012	Com Sto		150,000		773,0	00	D		
Warrants	\$8							02/18/199	8 02	2/18/2013	2013 Common Stock 60		60,000		773,000		D		
Warrants	\$10.1							04/04/200	3 04	4/04/2013	Comr Sto	nmon ock	100,000		773,0	00	D		
Warrants	\$11.5							05/09/200	3 05	5/09/2013	Com Sto		50,000		773,0	00	D		

Explanation of Responses:

1. Issued pursuant to employee stock option plan.

Phillip E. Powell

08/20/2003

** 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.