

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

OMB APPROVAL	
OMB Number:	3235-0287
Estimated average burden hours per response:	0.5

1. Name and Address of Reporting Person* <u>ORR R DOUGLAS</u> (Last) (First) (Middle) 690 E. LAMAR BLVD., #400 (Street) ARLINGTON TX 76011 (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <u>FIRST CASH FINANCIAL SERVICES INC [FCFS]</u>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner <input checked="" type="checkbox"/> Officer (give title below) Other (specify below) <u>EVP & Chief Financial Officer</u>
	3. Date of Earliest Transaction (Month/Day/Year) 01/12/2006	
4. If Amendment, Date of Original Filed (Month/Day/Year)		

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			
Common Stock	01/12/2006		M		7,500	A	\$13.37	20,200	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. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)	8. 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	Expiration Date					
Options	\$13.37	01/12/2006		M			7,500	11/17/2005	10/01/2013	Common Stock	7,500	(I)	0	D
Options	\$5.33							09/12/2007	09/12/2012	Common Stock	15,000		15,000	D
Options	\$38							12/20/2005	12/20/2015	Common Stock	30,000		30,000	D
Options	\$30							01/28/2005	01/28/2015	Common Stock	30,000		30,000	D
Options	\$25							01/28/2005	01/28/2015	Common Stock	30,000		30,000	D
Options	\$13.37							10/01/2008	10/01/2013	Common Stock	7,500		7,500	D
Options	\$34							12/20/2005	12/20/2015	Common Stock	30,000		30,000	D
Options	\$6.67							01/29/2008	01/29/2013	Common Stock	15,000		15,000	D
Options	\$30							12/20/2005	12/20/2015	Common Stock	30,000		30,000	D
Options	\$35							01/28/2005	01/28/2015	Common Stock	30,000		30,000	D
Options	\$40							01/28/2005	01/28/2015	Common Stock	30,000		30,000	D
Options	\$19.33							01/29/2009	01/29/2014	Common Stock	28,125		28,125	D

Explanation of Responses:

1. Issued pursuant to Company stock option plan.

/s/ R. Douglas Orr

01/17/2006

** 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.