FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

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

ENT 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

1. Name and Address of Reporting Person* HOLMAN ROBERT W JR					2. Issuer Name and Ticker or Trading Symbol ISTAR FINANCIAL INC [SFI]											ip of Reporting Pers plicable) ctor		erson(s) to Issuer		
(Last) (First) (Middle) 1680 PINE CONE CIRCLE					3. Date of Earliest Transaction (Month/Day/Year) 01/06/2009										Office below	icer (give title ow)		Other (specify below)		
(Street) INCLINE VILLAG	NIX	. V	39451		4. If	Ame	ndment,	Date o	f Original	I Filed	l (Month/Da	ay/Yea	ar)		Indivine)	Form	r Joint/Group n filed by Ond n filed by Modon	e Repor	ting Pers	on
(City)	(St	ate) (2	Zip)																	
		Tabl	e I - Noi	n-Deriv	ative	Sec	curitie	s Acc	uired,	Dis	posed o	f, or	Ben	eficia	ally	Owne	ed			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)						Execution Date		Date,	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)				and Secu Bene		cially I Following	6. Owr Form: (D) or (I) (Ins	Direct Indirect	7. Nature of Indirect Beneficial Ownership (Instr. 4)
							v	Amount		(A) or (D)	Price		Transaction(s)				(111341.4)			
Common Stock, par value \$.001 per share 01/0					/2009				J		13,758 ⁽¹⁾		A	\$	\$0 13		13,758(2)		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 (Month/Day/Year) 3. Transaction Date (Month/Day/Year) Or Exercise (Month/Day/Year) (Month/Day/Year) (Month/Day/Year)			Date,	4. Transaction Code (Instr. 8)		of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable Expiration Date (Month/Day/Year) Date Expir		Amount of Securitles Underlying Derivative Security (Instrand 4) Amount of Securitles Underlying Derivative Security (Instrand 4)		ount nber	nt er		ve derivative Securities		vnership rm: ect (D) Indirect (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		

Explanation of Responses:

1. The Reporting Person has acquired 13,758 shares of common stock of iStar Financial Inc. in settlement of vested common stock equivalent ("CSE") awards received by the Reporting Person, pursuant to the iStar Financial Inc. Non-Employee Directors' Deferral Plan ("Plan"). Under the Plan, the Reporting Person has received annual CSE awards effective as of the date of each annual meeting of shareholders beginning with the 2003 annual meeting. In addition, the Reporting Person has elected to have additional CSEs credited to his account in respect of dividend equivalent payments on his CSEs. In accordance with the Plan, the Reporting Person has elected to receive a distribution of his vested CSEs in the form of shares of iStar common stock

2. Following this transaction, the Reporting Person beneficially owns a total of 368,790 shares of iStar common stock, consisting of 13,758 shares owned directly, 242,186 shares owned indirectly through a partnership and 112,846 shares owned indirectly through a family trust.

s/ Robert W. Holman, Jr. 01/08/2009

** Signature of Reporting Person

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.