FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL
OMB Number: 3235-0287
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Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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 Add	ress of Reporting F	Person*	2. Issuer Name and Ticker or Trading Symbol <u>ISTAR FINANCIAL INC</u> [SFI]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
				X Director 10% Owner						
(Lact) (First) (Middle)		()	3. Date of Earliest Transaction (Month/Day/Year) 05/27/2009	Officer (give title Other (specify below) below)						
			4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable						
(Churs at)				Line)						
(Street) SANIBEL FL 33957		22057		X Form filed by One Reporting Person						
		33937	_	Form filed by More than One Reporting Person						
(City)	(State)	(Zip)								
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)	Code (ction	4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)	(1150.4)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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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. Transa Code (8)		Derivative		6. Date Exerc Expiration Da (Month/Day/N	ate	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)	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	Title	Amount or Number of Shares		(Instr. 4)		
Common Stock Equivalents	\$0	05/27/2009		A		22,013 ⁽¹⁾		(2)	(2)	Common Stock	22,013	\$0	24,513 ⁽³⁾	D	

Explanation of Responses:

1. The Reporting Person has been awarded 22,013 Common Stock Equivalents ("CSEs") under the iStar Financial Inc. Non-Employee Directors' Deferral Plan ("Plan"). These CSEs will vest on the date of the 2010 annual meeting of shareholders, subject to the provisions of the Plan.

2. On the relevant distribution date, vested CSEs will be settled by the transfer of shares of iStar common stock to the participant, unless a participant elects to receive some or all of a distribution of his or her CSEs in cash, based upon the fair market value of iStar common stock on the date of the distribution. The "regular distribution date" for distributions to participants is the earlier of: (1) January 1 on or next following the earlier of (i) the date the participant ceases to be a non-employee director; and (ii) the date of the participant's death; and (2) a change of control (as defined in the Plan). A participant, under certain limited circumstances, is permitted to elect to receive distributions at times other than the regular distribution date.

3. The Reporting Person also holds 2,500 CSEs previously awarded under the Plan, which are vested.

Dale Anne Reiss

Date

05/27/2009

** 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.