FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0104 | | | | | | | |
| 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* <u>AUGUST GLENN R</u> | | Requiring Statement (Month/Day/Year) ISTAR FINANCIAL INC [SFI] | | | | | | | | | |
|--|--|---|---|---|--|---|--|---|--|--|--|
| (Last) (First) (Middle) 65 E. 55TH STREET, 32ND FLOOR | | | Relationship of Reporting Perso Check all applicable) X Director | Person(s) to Issuer 10% Owner Other (specify below) | | 5. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | |
| | | | Officer (give title below) | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) | | | 20.011) | | | X Form filed by One Reporting Person | | | | | |
| NEW YORK NY 10022 | _ | | | | | | Form filed by Reporting Pe | y More than One erson | | | |
| (City) (State) (Zip) | | | | | | | | | | | |
| Table I - Non-Derivative Securities Beneficially Owned | | | | | | | | | | | |
| 1. Title of Security (Instr. 4) | | Amount of Securities eneficially Owned (Instr. 4) | 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) | | 4. Nature of Indirect Beneficial Ownership (Instr. 5) | | | | | | |
| Common Stock, par value \$.001 per share | | 512,739 | D | | | | | | | | |
| Common Stock, par value \$.001 per share | | 69,416 | I | | by trust ⁽¹⁾ | | | | | | |
| Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 4) | 2. Date Exerc Expiration Da (Month/Day/Y | ite | 3. Title and Amount of Securi Underlying Derivative Securi | | 4. Conve | rcise | 5. Ownership Form: Direct (D) | 6. Nature of Indirect Beneficial Ownership (Instr. 5) | | | |
| | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | Security | | or Indirect (I) (Instr. 5) | | | | |

Explanation of Responses:

1. Shares are owned by Glenn R August 2004 GRAT.

S/ GLENN R AUGUST

05/27/2005

** Signature of Reporting Person Date

 $Reminder: Report \ on \ a \ separate \ line \ for \ each \ class \ of \ securities \ beneficially \ owned \ directly.$

- * If the form is filed by more than one reporting person, see Instruction 5 (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.