FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

wasinington,	D.C.	20343	

gton, D.C. 20549	OMB APPROVAL

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I	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).

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* PUSKAR GEORGE R				2. Issuer Name and Ticker or Trading Symbol ISTAR FINANCIAL INC [SFI]						Relationship of Reporting Person(s) to Issuer (Check all applicable)						
PUSKA	IN GEOR	<u>GE K</u>									<u> </u>	Director			10% Ow	ner
(Last) (First) (Middle) 2023 NORTH ATLANTIC AVENUE - SUITE 304					3. Date of Earliest Transaction (Month/Day/Year) 05/31/2012							Officer (give title below)			Other (s below)	pecify
(Street)				4.	4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Individual or Joint/Group Filing (Check Applicable Line)					
COCOA BEACH FL 32931									2	Form fil	filed by One Reporting Person filed by More than One Reporting					
(City)	(St	ate)	(Zip)									Person				
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																
Date			. Transactio ate Month/Day/Y	Execution Date		ate,	3. Transaction Code (Instr. 3, 4) 8)			(A) or . 3, 4 and 5	Beneficia Owned Fo	s Form ally (D) collowing (I) (II	Form: (D) or	m: Direct or Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership	
						Code V	Amount	(A) or (D)	Price	Reported Transacti (Instr. 3 a	on(s)			(Instr. 4)		
			Table II - De (e.					ired, Disp options, o				Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution Date, if any (Month/Day/Year)	Code				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)	ly	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)	ni(S)		
Common Stock Equivalents	\$0	05/31/2012		A	V	11,485 ⁽¹⁾		(2)	(2)	Common Stock	11,485	\$0	55,076	5	D	

- 1. The Reporting Person has been awarded 11,485 Common Stock Equivalents ("CSEs") in accordance with the provisions of the iStar Financial Inc. Non-Employee Directors' Deferral Plan ("Plan"). The effective date of the CSE award is May 31, 2012, the date of the 2012 annual meeting of shareholders. These CSEs will vest on May 31, 2013, subject to the provisions of the Plan. Following this award, the Reporting Person holds a total of 55,076 CSEs awarded under the Plan, 43,591 of which are currently vested.
- 2. Under the Plan, on the regular distribution date, vested CSEs will be settled by the transfer of shares of iStar common stock to the participant, 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.

s/ George R Puskar

06/12/2012

** 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.