FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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gton, 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).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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1. Name and Address of Reporting Person* <u>AUGUST GLENN R</u>						2. Issuer Name <b>and</b> Ticker or Trading Symbol  ISTAR FINANCIAL INC [ SFI ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
					1										X	Direc	ctor		10% O	wner	
(Last) (First) (Middle) 1114 AVENUE OF THE AMERICAS, 27TH FLR					3. Date of Earliest Transaction (Month/Day/Year) 11/06/2008										Office	cer (give title ow)		Other ( below)	(specify		
			-,		4 If	Amer	ndment	Date o	of Origina	al File	d (Month/Da	v/Yea	r)	16	Indivi	dual o	r Joint/Group	n Filing	a (Check A	nnlicable	
(Street)						,	iament	, Date (	or Origina	ui i iic	a (Monanzo	ty/ Too	.,		ine)	auui o	r comit croup	3 i iiii (	g (Oncolere	ppiiodbic	
NEW YC	ORK NY	Y 1	.0036													Form	n filed by One	ed by One Reporting Person			
					.											Form Pers	m filed by More than One Reporting				
(City)	(St	ate) (	Zip)													. 0.0					
		Tabl	e I - No	n-Deriv	ative	Sec	uritie	s Ac	quired	l, Dis	sposed o	f, or	Ben	efici	ally (	Owne	ed				
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day					Execution Date,			3. Transaction Code (Instr. 8)		4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 a				and 5) Secu Bene Owne		icially d Following	Form (D) o	wnership n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	() ()	() or ()	Price		Reported Transaction(s) (Instr. 3 and 4)				(msu. 4)	
Common Stock, par value \$.001 per share 11/06/2				2008	08		P		273,100	(1)	A	\$1.2	218	1,012,739			D				
Common	mmon Stock, par value \$.001 per share 11/07/20				2008	008		P		226,900	(1)	A	\$1.4	286	86 1,012,739			D			
		Та									osed of, convertib					ned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deer Execution if any (Month/I		ate, Transa Code (I		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exerci Expiration Dat (Month/Day/Ye		ite	7. Title and Amount of Securities Underlying Derivative Security (Instrand 4)		str. 3			9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	D O (I	LO. Dwnership Form: Direct (D) or Indirect I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	or Nu of	ount nber ares							

## **Explanation of Responses:**

1. The Reporting Person purchased an aggregate of 500,000 shares of Common Stock of iStar Financial Inc. as follows: on November 6, 2008, a total of 273,100 shares were purchased at an average price of \$1.2218 per share and, on November 7, 2008, a total of 226,900 shares were purchased at an average price of \$1.4286 per share. The Reporting Person holds these shares directly. Following these transactions, the Reporting Person beneficially owns a total of 1,082,155 shares, consisting of 1,102,739 shares owned directly and 69,416 shares owned indirectly by Glenn R August 2004 GRAT.

<u>S/ GLENN R AUGUST</u> <u>11/10/2008</u>

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.