FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPRO	OVAL					
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(h)

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

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1. Name and Address of Reporting Person* RIDINGS BARRY W						2. Issuer Name and Ticker or Trading Symbol ISTAR FINANCIAL INC [SFI]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
RIDINGS BARKY W															X	Direc	ctor	1	.0% C	wner	
(Last) (First) (Middle) C/O ISTAR FINANCIAL							3. Date of Earliest Transaction (Month/Day/Year) 05/31/2012									Office below	er (give title w)	Other (specify below)			
1114 AVENUE OF THE AMERICAS 39TH FLR						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable						
(Street)															Line) X Form filed by One Reporting Person						
NEW YORK NY 10036															Form filed by More than One Reporting Person						
(City)	(St	ate) (2	Zip)																		
		Tabl	e I - Nor	n-Deriva	ative	Sec	curitie	s Acq	juired,	Dis	posed o	f, or	Bene	eficia	ally	Owne	ed				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)				exe Day/Year) if a		P.A. Deemed Execution Date, f any Month/Day/Year)				ties Acquired (A) I Of (D) (Instr. 3, 4			4 and S		Securities Beneficially		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)				
					Code	v	Amount		(A) or (D)	Price		Transaction(s) (Instr. 3 and 4)				(Instr. 4)					
Common Stock, par value \$.001 per share 05/31/									A	V	11,485	5 ⁽¹⁾ A		\$	0	11,485(1)(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)	vative Conversion Date Execution Date, Transurity or Exercise (Month/Day/Year) if any Code				Transa Code (5. Numb of Derivati Securiti Acquire (A) or Dispose of (D) (Instr. 3. and 5)		ative rities ired osed	6. Date E Expiratio (Month/D	n Dat						9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownersh Form: Direct (D or Indire (I) (Instr.		11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)		Date Exercisal		Expiration Date	Title	Amo or Nun of Sha	ber							

Explanation of Responses:

- 1. On May 31, 2012, the Reporting Person was awarded a total of 11,485 restricted shares of Common Stock of iStar Financial Inc. (SFI) in accordance with the provisions of the iStar Financial Inc. Non-Employee Directors' Deferral Plan ("Plan"). These shares are restricted and may not be sold or otherwise transferred prior to May 31, 2013.
- 2. The Reporting Person also holds a total of 6,670 Common Stock Equivalents (CSEs) awarded pursuant to Plan, all of which are vested. 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. The "regular distribution date" for distributions to Plan 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/ BARRY W RIDINGS 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.