FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| Estimated average burden | | | | | | | | |
| hours per response: | 0.5 | | | | | | | |

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* MCDONALD JOHN G | | | | | 2. Issuer Name and Ticker or Trading Symbol ISTAR FINANCIAL INC [SFI] | | | | | | | | | | | | licable) | ng Person(s) to Is | | |
|--|---|--|--|---------|---|---|---------|--------------------------------------|------------------------------------|---|---------------------|-------------|------------------------|--------|--|---|--|---|--------------------------|--|
| (Last) (First) (Middle) GSB STANFORD UNIVERSITY, 518 MEMORIAL WY | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/06/2008 | | | | | | | | | | | Officer (give title below) | | | Other (specify below) | |
| (Street) | treet) TANFORD CA 94305-5015 | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individue) X | dual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | Tabl | e I - Non | -Deriva | ative | Se | curitie | s Acc | quired, | Dis | posed o | f, or | Bene | eficia | ally C |)wne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | r) i | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Disposed Code (Instr. 5) | | ities Acquired (A) d Of (D) (Instr. 3, | | | 4 and Sec Ber Ow | | ount of ties cially I Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | Code | v | Amount | (| A) or D) | Price | . [- | Reported Transaction(s) (Instr. 3 and 4) | | | | (111511.4) | |
| Common Stock, par value \$.001 per share 03/06. | | | | | /2008 | | | | P | | 4,000 | 1) | A | \$13 | 3.3 | 20,450(1) | |] | [| As Trustee |
| | | Та | ble II - D | | | | | | | | sed of, onvertib | | | | y Ow | ned | | , | · | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Day | Date, | 4. Transaction Code (Instr 8) | | | | 6. Date E Expiratio (Month/D | n Dat | е | Amount of | | | | vative urity | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | m: ect (D) ndirect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | e V (A) (D) | | (D) | Date Exercisal | | Expiration Date | Title | or Number of | | | | | | | |

Explanation of Responses:

1. On March 6, 2008, the Reporting Person purchased 4,000 shares of common stock of iStar Financial Inc. at an average price of \$13.30 per share. The Reporting Person holds beneficial ownership of these shares indirectly as trustee of a family trust. Following this transaction, the Reporting Person beneficially owns a total of 34,000 shares of iStar common stock, consisting of 20,450 shares owned indirectly as trustee of a family trust and 13,550 shares owned indirectly in a separate retirement account established by the reporting person.

s/ John G. McDonald

** Signature of Reporting Person Date

03/06/2008

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

- * 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.