FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL
- 12	

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* HOLMAN ROBERT W JR					2. Issuer Name and Ticker or Trading Symbol ISTAR FINANCIAL INC [SFI]						(Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner				
(Last) (First) (Middle) 1680 PINE CONE CIRCLE					3. Date of Earliest Transaction (Month/Day/Year) 05/27/2009						_ ^	Officer (below)	give title	Other (s below)		
(Street) INCLINE VILLAGE NV 89451			4.	4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Ind Line)	ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned															
1. Title of Security (Instr. 3) 2. Transa Date				Transactio	action 2A. Deemed Execution Date,		3. Transaction Code (Instr.	4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4		(A) or	5. Amount of		rm: Direct) or Indirect (Instr. 4)	7. Nature of ndirect Beneficial Dwnership Instr. 4)		
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)	Conversion Date Execution or Exercise (Month/Day/Year) if any		3A. Deemed Execution Date, if any (Month/Day/Yea	Date, Transaction Code (Instr.				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)	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)	5)		
Common Stock Equivalents	\$0	05/27/2009		A		22,013 ⁽¹⁾		(2)	(2)	Common Stock	22,013	\$0	24,513 ⁽³⁾	D		

Explanation of Responses:

- 1. The Reporting Person has been awarded 22,013 Common Stock Equivalents ("CSEs") under the iStar Financial Inc. Non-Employee Directors' Deferral Plan ("Plan"). These CSEs will vest on the date of the 2010 annual meeting of shareholders, subject to the provisions of the Plan.
- 2. Under the Plan, on the relevant distribution date, vested CSEs will be settled by the transfer of shares of iStar common stock to the participant, unless the participant elects to receive some or all of a distribution of his or her CSEs in cash, based upon the fair market value of iStar common stock on the date of the distribution. The "regular distributions to participants teeds to rethe 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 participants'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.
- 3. The Reporting Person also holds 2,500 CSEs previously awarded under the Plan, which are vested.

s/ Robert W. Holman, Jr.

** Signature of Reporting Person Date

08/04/2009

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.