Edgar Filing: CIT GROUP INC - Form 4

CIT GROUP INC Form 4 July 27, 2006										
FORM 4 UNITE							OMB AF	PROVAL		
UNITE	CD STATES SECU Wa	RITIES A ashington			NGE (COMMISSION	OMB Number:	3235-0287		
Check this box						Expires:	January 31,			
if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OWNE						NERSHIP OF	Estimated average			
Section 16.	SECURITIES						burden hours per			
Form 4 or Form 5 Filed	~ .		~ .				response	0.5		
abligations	pursuant to Section				-					
may continue. Section	17(a) of the Public U	•	•	· ·	•		1			
See Instruction	30(h) of the I	nvestment	Compar	iy Ac	ct of 194	10				
1(b).										
(Print or Type Responses)										
1. Name and Address of Reporting Person [*] _ 2. Issuer Name and Ticker or Trading 5. Rel						5. Relationship of	. Relationship of Reporting Person(s) to			
TAYLOR WILLIAM J	1			Issuer						
	Γ GROUP INC [CIT]				、 、					
(Last) (First)	(Middle) 3. Date	of Earliest T	ransaction			(Check	c all applicable)		
	() Duite	Day/Year)	runsuetion			Director	10%	Owner		
C/O CIT GROUP INC., 1	25/2006			_X_ Officer (give title Other (specify below)						
DRIVE, #2145-1						· ·	VP and Controller			
(Street)	4 If Am	andmant D	oto Origina	1		6 Individual or Io	int/Group Filin	g(Chaok		
(Subol)	nendment, Date Original Ionth/Day/Year)			6. Individual or Joint/Group Filing(Check Applicable Line)						
Thee(wonunday) (car)						_X_Form filed by One Reporting Person				
LIVINGSTON, NJ 07039	i de la companya de l					Form filed by M Person	ore than One Re	porting		
	(7:)									
(City) (State)	(Zip) Tal	ole I - Non-I	Derivative	Secur	rities Acq	uired, Disposed of,	, or Beneficial	y Owned		
	Date 2A. Deemed	3.	4. Securi			5. Amount of	6.	7. Nature of		
Security (Month/Day/Ye		Transactie Code	on(A) or Di (Instr. 3,	•		Securities	Ownership Form: Direct	Indirect Papaficial		
(Instr. 3)	any (Month/Day/Year)		(11150. 5,	4 anu	5)	Beneficially Owned	(D) or	Ownership		
	`` ` ``	· · · ·				Following	Indirect (I)	(Instr. 4)		
				(A)		Reported	(Instr. 4)			
				or		Transaction(s) (Instr. 3 and 4)				
Common		Code V	Amount	(D)	Price	(
Common 07/25/2006 Stock		F <u>(1)</u>	5,723	D	\$ 46.37	16,958.0969	D			

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

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned
 (e.g., puts, calls, warrants, options, convertible securities)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	;	ate	7. Title Amoun Underl Securi (Instr.	nt of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
TAYLOR WILLIAM J C/O CIT GROUP INC. 1 CIT DRIVE, #2145-1 LIVINGSTON, NJ 07039			Exec VP and Controller					
Signatures								
/s/ James P. Shanahan, Attorney-in-Fact for Mr. Taylor			07/27/2006					
<u>**</u> Signature of Reporting	Person		Date					
Explanation of Po	enon	0001						

Explanation of Responses:

* 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).

(1) Shares withheld to satisfy tax withholding obligations arising from vesting of restricted stock.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.