Edgar Filing: LEONE JOSEPH M - Form 4

| LEONE JO | SEPH M | | | | | | | | | | | |
|--|----------------------|-----------|------------|---|-------------------------|----------------|-------------|--|----------------------|--------------|--|--|
| Form 4 | | | | | | | | | | | | |
| February 03 | 3, 2010 | | | | | | | | | | | |
| FORM | | | GEGU | | | | | | OMB AF | PROVAL | | |
| UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | | MMISSION | OMB | 3235-0287 | | |
| Check t | his box | | vv a | isnington | , D.C. 205 ² | 1 9 | | | Number: | January 31, | | |
| if no lor | agor | | E CILAN | ACES IN | DENIFFIC | TAT | OWNI | EDSILLD OF | Expires: | 2005 | | |
| subject | 10 | | | NGES IN BENEFICIAL OWNERSHIP OF SECURITIES | | | | | Estimated average | | | |
| Section Form 4 | | | | SECU | NI I ILS | | | | burden hours per | | | |
| Form 5 | | | | | | | | response | 0.5 | | | |
| obligati | ons Section 17(| | | | | | • | 935 or Section | 1 | | | |
| may cor <i>See</i> Inst | nunue. | | | • | t Company | • | | | | | | |
| 1(b). | ruction | () | | | J | | | | | | | |
| | | | | | | | | | | | | |
| (Print or Type | Responses) | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | Address of Reporting | Person * | | and itemes of frauing | | | | 5. Relationship of Reporting Person(s) to Issuer | | | | |
| LEONE JOSEPH M Symbol | | | | | ~ | | 12 | | | | | |
| | | | CIT GI | ROUP IN | C [CIT] | | | (Check | all applicable |) | | |
| (Last) | (First) (| Middle) | 3. Date of | of Earliest T | Transaction | | | | | , | | |
| | | | (Month/ | Day/Year) | | | _ | Director | | Owner | | |
| | ROUP INC., 1 C | ſΤ | 02/02/2 | 2010 | | | | _X Officer (give t elow) | title Othe below) | r (specify | | |
| DRIVE, #3 | 3207 | | | | | | | · · · · · · · · · · · · · · · · · · · | airman and CF | O | | |
| | (Street) | | 4. If Am | endment, D | ate Original | | 6 | . Individual or Joi | nt/Group Filin | g(Check | | |
| | | | | onth/Day/Yea | - | | | Applicable Line) | | | | |
| | | | | | | | | X_Form filed by O | | | | |
| LIVINGST | CON, NJ 07039 | | | | | | P | Form filed by Me erson | ore than One Re | porting | | |
| (City) | (State) | (Zip) | Tab | ole I - Non-l | Derivative Se | curiti | es Acqui | red, Disposed of, | or Beneficial | v Owned | | |
| 1.Title of | 2. Transaction Date | 24 Deem | | 3. | 4. Securities | | - | 5. Amount of | 6. | 7. Nature of | | |
| Security | (Month/Day/Year) | Execution | | | onor Disposed | | | Securities | 0. Ownership | Indirect | | |
| (Instr. 3) | × • • • | any | | Code | (Instr. 3, 4 a) | | | Beneficially | 1 | Beneficial | | |
| | | (Month/D | ay/Year) | (Instr. 8) | | | | Owned | Direct (D) | Ownership | | |
| | | | | | | | | Following Reported | or Indirect (I) | (Instr. 4) | | |
| | | | | | | (A) | | Transaction(s) | (Instr. 4) | | | |
| | | | | Code V | Amount | or (D) | Price | (Instr. 3 and 4) | | | | |
| Common | | | | | | | | | _ | | | |
| Stock | 02/02/2010 | | | A <u>(1)</u> | 812.2157 | А | \$0 | 1,135.6367 | D | | | |
| | | | | | | | ¢ | | | | | |
| Common Stock | 02/02/2010 | | | F(2) | 367.8924 | D | \$ 30.78 | 767.7443 | 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.

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 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) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transacti Code (Instr. 8) | 5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | Secur | unt of rlying | 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 | ss Relationships | | | | | | | |
|--|------------------|-----------|-----------------------|-------|--|--|--|--|
| 1 8 | Director | 10% Owner | Officer | Other | | | | |
| LEONE JOSEPH M C/O CIT GROUP INC. 1 CIT DRIVE, #3207 LIVINGSTON, NJ 07039 | | | Vice Chairman and CFO | | | | | |
| Signatures | | | | | | | | |
| /s/ James P. Shanahan, attorney Leone | /-in-fact f | or Mr. | 02/03/2010 | | | | | |
| <u>**</u> Signature of Reporting I | Person | | Date | | | | | |

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 are fully vested at grant but may not be sold, transferred or otherwise disposed of or hedged in any manner through the first anniversary of the date of grant.
- (2) Shares withheld to satisfy tax withholding obligations.

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.