Care Investment Trust Inc.

Form 4 June 28, 2007

### FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

Number: 3235-0287

Expires: January 31, 2005

Estimated average burden hours per response... 0.5

5. Relationship of Reporting Person(s) to

Issuer

<u>(1)</u>

607,690 (1)

Check this box if no longer subject to Section 16. Form 4 or

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Form 5 obligations may continue.

See Instruction

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

2. Issuer Name and Ticker or Trading

Symbol

1(b).

(Print or Type Responses)

CIT GROUP INC

Common

Stock

06/27/2007

1. Name and Address of Reporting Person \*

				Care Investment Trust Inc. [CRE]				]	(Check all applicable)				
	(Last)	` ,	(Middle)	3. Date of Earliest Transaction (Month/Day/Year)				DirectorX 10% Owner					
ONE CIT DRIVE			06/27/2007					Officer (give title Other (specify below)					
				4. If Amendment, Date Original Filed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line)					
LIVINGSTON,, NJ 07039									_X_ Form filed by One Reporting Person Form filed by More than One Reporting Person				
	(City)	(State)	(Zip)	Tab	ole I - Non-	Derivative Se	curitie	s Acqu	ired, Disposed of	f, or Beneficia	ally Owned		
	1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deeme Execution any (Month/Da	Date, if	3. Transactic Code (Instr. 8)	4. Securities on Disposed of (Instr. 3, 4 and Amount	of (D)	ed (A)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
	Common										Owned by indirectly by CIT Group Inc. through its		
	Stock	06/27/2007			P	6,981,250	A	\$ 15	6,981,350	I	wholly owned		

607,690

subsidiary CIT Real Estate Holding Co

Owned by

indirectly

by CIT Group Inc. through its wholly owned subsidiary CIT Healthcare LLC.

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.

SEC 1474 (9-02)

9. Nu

Deriv Secur Bene Own Follo Repo Trans (Instr

of

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

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Titl	le and	8. Price o
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orNumber	Expiration D	ate	Amou	ınt of	Derivativ
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	rlying	Security
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivativ	e		Secur	ities	(Instr. 5)
	Derivative				Securities			(Instr.	. 3 and 4)	
	Security				Acquired					
					(A) or					
					Disposed					
					of (D)					
					(Instr. 3,					
					4, and 5)					
									Amount	
						Date	Expiration	TP:41	or	
						Exercisable Date	Title	Number		
				G 1 W	(A) (B)				of	
				Code V	(A) (D)				Shares	

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
CIT GROUP INC							
ONE CIT DRIVE		X					
LIVINGSTON,, NJ 07039							

## **Signatures**

/s/ Eric Mandelbaum, Associate General Counsel	06/28/2007
**Signature of Reporting Person	Date

Reporting Owners 2

### **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).
- $(1) \quad Includes \ 607,\!690 \ shares \ granted \ to \ CIT \ Healthcare \ LLC \ pursuant \ to \ the \ Manager \ Equity \ Plan, \ which \ vested \ immediately \ upon \ grant.$

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.