## Edgar Filing: SHAYS CHRISTOPHER H - Form 4

SHAYS CHE	RISTOPHER	Н										
Form 4												
December 14	l, 2009											
FORM	14									-	PPROVAL	
	UNIII	ED STATE				ND EXC D.C. 205		IGE (	COMMISSION	OMB Number:	3235-0287	
Check thi if no long								Expires:	January 31,			
subject to		EMENT O	<b>F CHAN</b>	GES IN BENEFICIAL OW					NERSHIP OF	Estimated a	2005 average	
Section 1	6.			SECU	URITIES					burden hours per		
Form 4 or Form 5			~ · ·			~ · ·	-			response	0.5	
obligation	• 0	*							e Act of 1934,			
may conti	Nection			•		•	· ·		f 1935 or Sectio	n		
See Instru 1(b).	iction	30(n	) of the In	vestme	nt (	Company	Act	OI 194	+0			
1(0).												
(Print or Type R	Responses)											
						-	f Reporting Person(s) to					
SHAYS CH	RISTOPHER	Н	Symbol						Issuer			
CIT			CIT GR	IT GROUP INC [CIT]					(Check all applicable)			
(Last)	Last) (First) (Middle) 3. Date of Earliest T				Tra	ansaction					,	
				th/Day/Year)					_X_Director10% Owner			
	ROUP, 1 CIT	DRIVE,	12/10/20	2/10/2009					Officer (give title Other (specify below) below)			
#3251-9												
(Street) 4.			4. If Ame	4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check			
Filed(M				ed(Month/Day/Year)					Applicable Line) _X_ Form filed by One Reporting Person			
LIVINGSTO	ON, NJ 07039	1							Form filed by N			
LIVINGSIC	JIN, INJ 07039								Person			
(City)	(State)	(Zip)	Tabl	e I - Non	1-De	erivative S	ecurit	ies Acc	uired, Disposed of	f, or Beneficial	lly Owned	
1.Title of	2. Transaction	emed	3. 4. Securities Acquired						6. Ownership			
Security	(Month/Day/Y	on Date, if Transaction(A) or Disposed of					of	Securities	Form: Direct			
(Instr. 3)		Code (D) (Day/Year) (Instr. 8) (Instr. 3, 4 and 5)			Beneficially Owned	(-)	Beneficial Ownership					
		(								(Instr. 4)	(Instr. 4)	
							(A)		Reported			
							or		Transaction(s) (Instr. 3 and 4)			
C				Code	V	Amount	(D)	Price	(indice and i)			
Common Stock	12/10/2009			J <u>(1)</u>		29,781	D	\$0	0	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)

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. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)8(1)(1)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Option (Right to Buy)	\$ 3.19	12/10/2009		J <u>(1)</u>		89,623	(2)	05/12/2016	Common Stock	89,623

er

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## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships					
	Director	10% Owner	Officer	Othe		
SHAYS CHRISTOPHER H C/O CIT GROUP, 1 CIT DRIVE, #3251-9 LIVINGSTON, NJ 07039	Х					
Signatures						
/s/ James P. Shanahan, attorney-in-fact for M Shays	ſr.	12/14/2009				
**Signature of Reporting 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).

Pursuant to the Modified Second Amended Prepackaged PlaIn of Reorganization of CIT Group Inc. and CIT Group Funding Company of
 (1) Delaware LLC, which was approved by the United States Bankruptcy Court for the Southern District of New York, the common stock, par value \$0.01 per share, of CIT Group Inc. was cancelled without value upon CIT's emergence from bankruptcy on December 10, 2009

(2) Options vest and become exercisable in three equal installments on each of the 1st, 2nd, and 3rd anniversaries of the grant date.

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.