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LEONE JOSEPH M Form 3 July 02, 2002

FORM 3		UNITED STATES SECURITIES AND EXCHANGE COMMISSION WASHINGTON, D.C. 20549					
(Print or Type F		ED PURSUANT TO SECTION 17(a)	INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES RSUANT TO SECTION 16(a) OF THE SECURITIES EXCHANGE ACT OF 1 ON 17(a) OF THE PUBLIC UTILITY HOLDING COMPANY ACT OF 1935 SECTION 30(f) OF THE INVESTMENT COMPANY ACT OF 1940				
		Person*	quiring Statement	4. Issuer Name and Ticker			
(Last)	(First)	(Middle)	7/01/02	5. Relationship of Report			
	One CIT Drive		3. IRS or Social Se- curity Number of Reporting Person	to Issuer (Check all Director 10 X Officer (give Contile below)			
	(Street)			Executive Vice President and Chief Financial Of			
Livingston	New Jersey						
(City)	(State)			TABLE I NON-DERIVA			
1. Title of Security (Instr. 4)			2. Amount of Securities 3. Ownership Beneficially Owned Form: Direct (Instr. 4) (D) or Indirect (I) (Instr. 5)				
No securities	owned.						

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Reminder: Report on a separate li					irectly or i
* If the form is filed by more th	an one repo	orting pe	rson, SEE Instructi	on 5(b)(v).	
FORM 3 (CONTINUED) TABLE II - D		SECURITIE	S BENEFICIALLY OWNE	D (E.G., PUTS,	CALLS, WARR
S	ECURITIES)				
1. Title of Derivative Security	2. Date E	Exer- 3.	Title and Amount o	f Securities	4. Conver-
(Instr. 4)	cisable and Expiration		Underlying Derivative Security (Instr. 4)		
,					Exercise
	Date				Price of
	(Month/	Day/			Deri-
	Year)				vative
					Security
				Amount	
	Date		m' + 1	or	
		ation	Title	Number	
	cisable	Date		of Shares	
				Silares	

Explanation of Responses:

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/s/ Joseph M. Leone

Joseph M. Leone Executive Vice Preside and Chief Financial Off

**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 insuffi SEE Instruction 6 for procedure.

Potential persos who are to respod to the collection of information contained in this form are no required to respond unless the form displays a currently valid OMB Number