

Edgar Filing: TOBIN PETER J - Form 3

TOBIN PETER J  
Form 3  
July 02, 2002

-----  
FORM 3  
-----

UNITED STATES SECURITIES AND EXCHANGE COMMISSION  
WASHINGTON, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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  
SECTION 30(f) OF THE INVESTMENT COMPANY ACT OF 1940

(Print or Type Responses)

1. Name and Address of Reporting Person*			2. Date of Event Re-	4. Issuer Name and Ticker
Tobin	Peter	J.	quiring Statement	CIT Group Inc. -- CIT
(Last)	(First)	(Middle)	(Month/Day/Year)	
			7/01/02	5. Relationship of Report
	One CIT Drive			to Issuer (Check all
	(Street)		3. IRS or Social Se-	X Director 1
			curity Number of	-----
			Reporting Person	Officer (give 0
			(Voluntary)	title below) b
				-----

Livingston	New Jersey	07039
(City)	(State)	(Zip)

TABLE I -- NON-DERIVATIVE

1. Title of Security	2. Amount of Securities	3. Ownership
(Instr. 4)	Beneficially Owned	Form: Direct
	(Instr. 4)	(D) or Indirect
		(I) (Instr. 5)

No securities owned.

Edgar Filing: TOBIN PETER J - Form 3

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly by the reporting person.  
\* If the form is filed by more than one reporting person, SEE Instruction 5(b)(v).

FORM 3 (CONTINUED) TABLE II - DERIVATIVE SECURITIES BENEFICIALLY OWNED (E.G., PUTS, CALLS, WARRANTS, AND OTHER SECURITIES)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares

Explanation of Responses:

Edgar Filing: TOBIN PETER J - Form 3

/s/ Peter J. Tobin

-----  
Peter J. Tobin  
Director

\*\*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 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