

BURR JOHN D
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*
Burr John D.
(Last) (First) (Middle)
One CIT Drive
(Street)
2. Date of Event Requiring Statement (Month/Day/Year)
7/01/02
3. IRS or Social Security Number of Reporting Person (Voluntary)
4. Issuer Name and Ticker
CIT Group Inc. -- CIT
5. Relationship of Report to Issuer (Check all that apply)
Director 10
Officer (give title below) b
X Group Chief Executive O
Equipment Financin
Livingston New Jersey 07039
(City) (State) (Zip)
TABLE I -- NON-DERIVATIVE

1. Title of Security (Instr. 4)
2. Amount of Securities Beneficially Owned (Instr. 4)
3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)
No securities owned.

Edgar Filing: BURR JOHN D - Form 3

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly
 * 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, CONVERTIBLE 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: BURR JOHN D - Form 3

/s/ John D. Burr

John D. Burr
Group Chief Executive O
Equipment Financi

**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