FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-028								
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

					_									$\overline{}$							
1. Name and Address of Reporting Person*  YAP JOHANNSON L						2. Issuer Name and Ticker or Trading Symbol FIRST INDUSTRIAL REALTY TRUST									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
1/11 50	711711115	OIVL			lin	C [	ER 1									Direc			10% O		
(Loct) (First) (Middle)						<u>INC</u> [ FR ]									X Officer (give title below)				Other (specify below)		
(Last) (First) (Middle)					3. D	3. Date of Earliest Transaction (Month/Day/Year)									Chief Investment Officer						
311 SOUTH WACKER DRIVE					03/17/2004																
SUITE 4000																					
OUTIL					Δ If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable						
					·   "	4. II Amendment, Date of Original Filed (Month/Day/Year)									Line)						
(Street)															X	Forn	n filed by One	e Ren	orting Pers	on	
CHICAG	O IL	$\epsilon$	60606												21		•		•		
																Pers	n filed by Mo	re mai	n One Rep	orung	
(City)	(Ct	ate) (	Zip)																		
(City)	(31	ale) (	<u></u>																		
		Tabl	e I - Non	-Deriv	ative	Se	curitie	s Acc	uired,	Dis	posed o	f, or	Bene	efici	ally	Owne	ed				
1. Title of S	Security (Inst	r. 3)		2. Trans	action							4. Securities Acquired (A)							wnership	7. Nature	
		•		Date (Month/	Day/Var	Execution Date,				Transaction Disposed Of (D) (In				3, 4 a	nd	nd Securities Beneficially		Form: Direct (D) or Indirect		of Indirect Beneficial	
(Month/D				Dayrie	if any (Month/Day/Year)			Code (Instr. 5)								l) (Instr. 4)	Ownership				
											(4) ==			-		Reported			(Instr. 4)		
									Code	V	Amount		(A) or (D)	Price	9	Transaction(s) (Instr. 3 and 4)					
Common Stock, par value \$.01 per share 03/17				7/2004				A		8,704	4 <sup>(1)</sup> A		(2	2)	163,167			D			
		To	ble II D	\oringe	i		witi o o	A 0 00 11	rad D	iono		0 " D	o mofi	المنما							
		Ia	ble II - D												y O	vneu					
			(6	e.g., pu	uts, c	ans	, warra	ants,	option	s, co	onvertib	ne se	ecurii	ies)							
1. Title of	2.	3. Transaction Date	3A. Deeme		4.					6. Date Exercisable and			7. Title and			ice of			LO.	11. Nature	
Derivative	Conversion		Execution Date,		Transaction Code (Inst				Expiration Date				Amount of Securities		Derivative Security		derivative		Ownership Form:	of Indirect Beneficial	
							nstr. Derivative Securities					Securities Underlying		(Instr. 5)		Securities Beneficially		Direct (D)	Ownership		
					,	Acquired				Derivative							Owned	0	or Indirect	(Instr. 4)	
						(A) or Disposed of (D)						str. 3			Following Reported	(1	I) (Instr. 4)				
															Transaction(s)						
							(Instr. 3, 4										(Instr. 4)		1		
				F				and 5)													
												ount									
												or Nun	nber								
							(A)		Date	ate Expiration			Of Title Shares								

## **Explanation of Responses:**

- 1. Represents shares granted under FR's 1997 Stock Incentive Plan. Such shares vest in three equal installments on January 1, 2005, January 1, 2006 and January 1, 2007.
- 2. No figure applicable.

/s/ Johannson L. Yap

03/17/2004

Date

\*\* Signature of Reporting Person

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 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.