FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APP | ROVAL |
|---------------------|-----------|
| OMB Number: | 3235-0287 |
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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(h) |

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

| Name and Address of Reporting Person* | | | | 2. Is | Issuer Name and Ticker or Trading Symbol | | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
|---|--|--|--|----------------|---|---|---------|-------------------------------------|------------------------------------|----------|--|--------------|---|----------------------|---|--|---|--|---|--|--|
| LYNCH KEVIN W | | | | | FIRST INDUSTRIAL REALTY TRUST INC [FR] | | | | | | | | | X | Director Officer (give title | | 10% (| | wner specify | | |
| (Last) (First) (Middle) 311 SOUTH WACKER DRIVE SUITE 4000 | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/08/2008 | | | | | | | | | | belov | | | below) | | | |
| (Street) CHICAGO IL 60606 | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | . Indiv ine) X | vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting | | | | | | |
| (City) | (St | ate) (. | Zip) | | | | | | | | | | | | | Pers | on | | | | |
| | | Tabl | e I - Non | -Deriv | ative | Sec | curitie | s Acc | quired, | Dis | posed o | f, oı | r Ben | eficia | ally | Owne | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | Day/Year) if a | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Disp Code (Instr. 5) | | Disposed | Securities Acquired (A sposed Of (D) (Instr. 3, | | | | Securities Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amount | | (A) or (D) | Price | • | Reported Transaction(s) (Instr. 3 and 4) | | | | (IIISU. 4) | |
| Common Stock, par value \$.01 per share 07/08. | | | | 3/2008 | /2008 | | | A | | 1,864 | (1) | A (2) | | 13,614 | | D | | | | | |
| | 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 Dat if any (Month/Day/Ye | | Oate, Transaction Code (Inst | | | | 6. Date E Expiratio (Month/D | n Date | e An Ar) Se Un De Se | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Owne Form Direc or Inc (I) (In | | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | or Nur of | ount nber res | | | | | | | |

Explanation of Responses:

- 1. Represents shares granted under FR's 1997 Stock Incentive Plan. Of such shares, 364 vest on January 31, 2013 and 1,500 vest on July 1, 2011.
- 2. No figure applicable.

/s/ Kevin W. Lynch

07/08/2008

** Signature of Reporting Person Date

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.