FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

1	OIVID APPROVAL									
	OMB Number:	3235-0287								
	Estimated average burde	en								
	hours per response:	0.5								

	Check this box if no longer subject to								
١	Section 16. Form 4 or Form 5								
J	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

1. Name and Address of Reporting Person* <u>DUNCAN BRUCE W</u>					2. Issuer Name and Ticker or Trading Symbol FIRST INDUSTRIAL REALTY TRUST INC [ FR ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner					
(Last)	(F	irst)	(Middle)		ine [ rit ]									X Officer below)	(give title		Other (s below)	specify	
311 SOUTH WACKER DRIVE SUITE 3900					3. Date of Earliest Transaction (Month/Day/Year) 12/31/2010									President and CEO					
(Street) CHICAGO IL 60606				4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable le)  X Form filed by One Reporting Person Form filed by More than One Reporting						
(City) (State) (Z		(Zip)		Pers							Persoi	1							
		Та	ble I - Non	-Deriva	tive S	ecur	ities Ac	quir	ed, Di	spos	ed o	f, or Be	neficial	ly Owned					
Date							2A. Deemed Execution Date, if any (Month/Day/Year		Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			Benefici	es ally Following	Form (D) or	: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									ode V	Am	Amount (A		Price	Transaci (Instr. 3	ion(s)			(111501. 4)	
Common Stock 12			12/31/	/2010			M	1	150,000		(1)	405	5,769		D				
			Table II - D									or Ben ble secu		Owned					
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/Yo	Cod	saction e (Instr.	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expir	6. Date Exercisa Expiration Date (Month/Day/Year		of S Und Der			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio	e s ally	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Cod	le V	(A)	(D)	Date Exer	cisable	Expira Date	tion	Title	Amount or Number of Shares	;	(Instr. 4)	on(s)			
Restricted Stock Units	(1)	12/31/2010		М			150,000	(2)	)(3)(4)	(2)(3)	(4)	Common Stock	150,00	(1)	700,00	00	D		

## **Explanation of Responses:**

- 1. Each restricted stock unit ("RSU") represents the right to receive, upon vesting, one share of the Issuer's common stock plus any dividend equivalents that have accrued prior to the date of vesting. Vested shares will be delivered to the reporting person promptly after vesting.
- 2. 150,000 RSUs vested on December 31, 2010.
- 3. 300,000 RSUs will vest in two equal annual installments beginning December 31, 2011, subject to the reporting person's continued employment by the Issuer.
- 4. 400,000 RSUs will vest in four equal installments upon the satisfaction of a time-based vesting component and achievment of specified market price levels of the Issuer's common stock.

/s/ John H. Clayton, attorney-infact 01/

01/03/2011

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.