FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

wasnington,	D.C.	20549	

Check this box if no longer subject to Section 16. Form 4 or Form 5	STATEMENT OF CHANGES IN BENEFICIAL OWN
obligations may continue. See	
Instruction 1(b).	Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934
	or Coation 20(b) of the Investment Company Act of 1040

ANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

					or	Section	on 30(n) (or the	investmer	it Co	mpany Act	Of 19	40						
Name and Address of Reporting Person* Baccile Peter E.		2. Issuer Name and Ticker or Trading Symbol FIRST INDUSTRIAL REALTY TRUST									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
<u> Bacciie</u>	Peter E.				_		FR]								X Directo	or		10% O	vner
(Last)	(Fi	irst)	(Middle)												Cofficer below)	(give title		Other (s	specify
` ′	WACKER :	DRIVE	,					Trans	action (Mo	onth/l	Day/Year)					Presiden	t and	CEO	
SUITE 4		DIGVE			02/	/11/20	020												
3011114	-200				4 16	f A	ndmont l	Doto o	of Original	Tile d	(Month/Da	/\/o.c	o #)	C 15	idividual or J	laint/Craun	Filipa	(Chaal, An	aliaabla
(Street)					4. 11	Ame	nament, i	Date (or Original	Filed	(MOHUI)Da	ay/ rea	ar)	Line		ioini/Group	Hilling	(Спеск Ар	plicable
CHICAC	GO IL		60606												X Form f	led by One	Repo	orting Perso	n
																	e than	One Repo	rting
(City)	(Si	tate)	(Zip)												Persor	1			
		Tab	le I - Non-	-Deriva	ative	e Se	curities	s Ac	quired,	Dis	posed o	of, or	r Ben	eficial	y Owned	l 			
1. Title of Security (Instr. 3) 2. Transa Date (Month/D			Execution Date		Code (Instr. 5)				Benefici	es ally Following	Form (D) o	vnership i: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership						
							Code	v	Amount (A) or (D)		Price	Transaci (Instr. 3	tion(s)			(Instr. 4)			
	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 (Instr. 3) Price of Derivative Security 3. Transaction Date (Month/Day/Year) (Month/Day/Year) 3. Transaction Date (Month/Day/Year) (Month/Day/Year)		ate, Tr	4. Transaction Code (Instr. 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amo of Securities Underlying Derivative Secur (Instr. 3 and 4)		es Security	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				C	ode	v	(A)	(D)	Date Exercisal		Expiration Date	Title	- 1	Amount or Number of Shares					
LTIP	\$0.00 ⁽¹⁾	02/11/2020			A		37,164		(2)	\neg	(3)	Com	nmon	37.164	\$0.00	95,87	4	D	T

Explanation of Responses:

- 1. Represents units of limited partnership interest ("LTIP Units") in First Industrial L.P., of which the Company is the general partner, granted under the Company's 2014 Stock Incentive Plan. An LTIP Unit that has vested and received certain allocations will automatically convert into a common unit of limited partnership interest in First Industrial, L.P. on a one-for-one basis, which common unit may in turn be converted into a share of Common Stock of the Company on a one-for-one basis.
- 2. Not applicable. The LTIP Units vest in three equal installments on January 1, 2021, 2022 and 2023.
- 3. Not applicable.

Remarks:

Units

/s/ Jennifer Matthews Rice, 02/13/2020 attorney-in-fact

** 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.