

MCKERROLL DAVID D  
Form 3  
July 02, 2002

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FORM 3  
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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*			2. Date of Event Re-	4. Issuer Name and Ticker
McKerroll	David	D.	quiring Statement	CIT Group Inc. -- CIT
(Last)	(First)	(Middle)	(Month/Day/Year)	
			7/01/02	5. Relationship of Report
	One CIT Drive			to Issuer (Check all
	(Street)		3. IRS or Social Se-	Director 10
			curity Number of	X Officer (give O
			Reporting Person	title below) b
			(Voluntary)	----
				Group Chief Executive Offf
				Structured Finance

Livingston	New Jersey	07039
(City)	(State)	(Zip)

TABLE I -- NON-DERIVA

1. Title of Security	2. Amount of Securities	3. Ownership
(Instr. 4)	Beneficially Owned	Form: Direct
	(Instr. 4)	(D) or Indirect
		(I) (Instr. 5)

No securities owned.

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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, AND OTHER 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:

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/s/ David D. McKerrroll

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David D. McKerrroll  
Group Chief Executive O  
Structured Financ

\*\*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