

<b>FORM 4/A</b> <input type="checkbox"/> Check this box if no longer subject to Section 16, Form 4 or Form 5 obligations may continue. See Instruction 1(b).	<b>UNITED STATES SECURITIES AND EXCHANGE COMMISSION</b> <b>Washington, D.C. 20549</b>		<b>OMB APPROVAL</b> OMB Number: 3235-0287 Expires: January 31, 2005 Estimated average burden hours per response... 0.5	
	<b>STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES</b> 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 or Section 30(h) of the Investment Company Act of 1940			
<b>1. Name and Address of Reporting Person</b> <b>FINN JERRY D</b> (Last) (First) (Middle) <b>1600 W. 7TH STREET</b> (Street) <b>FORT WORTH TX 76102</b> (City) (State) (Zip)		<b>2. Issuer Name and Ticker or Trading Symbol</b> <b>CASH AMERICA INTERNATIONAL INC (PWN)</b>		<b>5. Relationship of Reporting Person(s) to Issuer</b> (Check all applicable) <input type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer (give title below) <input type="checkbox"/> Other (specify below) Exec. VP - Domestic Operations /
		<b>3. Date of Earliest Transaction (Month/Day/Year)</b> <b>08/05/2003</b>		<b>6. Individual or Join/Group Filing</b> (Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person
		<b>4. If Amendment, Date Original Filed (Month/Day/Year)</b> <b>08/06/2003</b>		

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned										
1. Title of Security (Instr. 3)	2. Transaction Date (Month / Day / Year)	2A. Deemed Execution Date, if any (Month / Day / Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	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
Common Stock par value \$.10	08/05/2003		M		8,325	A	\$ 10.8125	8,475	D	
Common Stock par value \$.10	08/05/2003		S		8,325	D	\$ 16.7052	150	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 Date, if any (Month / Day / Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month / Day / Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	V	(A)	(D)	Date Exercisable	Expiration Date						Title
Stock Options (right to buy)	\$10.8125	08/05/2003		M		8,325		06/01/1998	09/30/2007	Common Stock	8.325	(1)	124,725	D	

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
FINN JERRY D 1600 W. 7TH STREET FORT WORTH, TX 76102			Exec. VP - Domestic Operations	

Explanation of Responses:

1. Not applicable.

**Remarks:**

Broker initially reported selling 25 more shares than were actually sold.

/s/ Jerry D. Finn

08/11/2003

\*\* 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.**