

<b>FORM 4</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>BESSANT THOMAS A JR</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 - CFO /	
		<b>3. Date of Earliest Transaction (Month/Day/Year)</b> <b>12/02/2003</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</b> (Month/Day/Year)			

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)			
Common Stock, par value \$ .10	12/02/2003		M		2,500	A	\$ 5.625	35,629	D
Common Stock, par value \$ .10	12/02/2003		S		2,500	D	\$ 21.0096	33,129	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)	\$5.625	12/02/2003		M		2,500		12/13/1999	12/13/2003	Common	2,500	(1)	146,729	D	

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
BESSANT THOMAS A JR 1600 W. 7TH STREET FORT WORTH, TX 76102			Exec. VP - CFO	

Explanation of Responses:

1. Not applicable.

**Remarks:**

The Reporting Person owns 13,204.701 shares indirectly (benefit plans).

/s/ Thomas A. Bessant, Jr. 12/04/2003  
 \*\* 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.