Wackerhagen Jerry Alan Form 4/A February 13, 2007

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB Number: 3235-0287 January 31,

Expires:

5. Relationship of Reporting Person(s) to

OMB APPROVAL

if no longer subject to Section 16. Form 4 or

Check this box

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Expires. 2005
Estimated average burden hours per response... 0.5

Form 5 obligations may continue.

See Instruction

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

2. Issuer Name and Ticker or Trading

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person *

Wackerhagen Jerry Alan				2. Issuer Name and Ticker or Trading Symbol CASH AMERICA INTERNATIONAL INC [CSH]				Issuer (Check all applicable)				
(Last) (First) (Middle) 1600 W. 7TH STREET			3. Date of Earliest Transaction (Month/Day/Year) 02/02/2007				Director 10% Owner S Officer (give title Other (specify below) below) EVP-Chief Information Officer					
(Street) FORT WORTH, TX 76102				4. If Amendment, Date Original Filed(Month/Day/Year) 02/02/2007				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person				
	(City)	(State)	(Zip)	Tabla	Table I. Non Dorland or Committee Ass				quired, Disposed of, or Beneficially Owned			
į	1.Title of Security (Instr. 3)	2. Transaction (Month/Day/Y	Date 2A. Defear) Execute any		3. Transactio Code (Instr. 8)	4. SecurionAcquired Disposed (Instr. 3,	ties l (A) or l of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	·		
,	Restricted Stock Units (Common Stock, par value \$.10)							7,278 (1)	D			
	Common Stock, par value \$.10							809	D			
	Common Stock, par value \$.10							48.62	I	Benefit Plan		

Edgar Filing: Wackerhagen Jerry Alan - Form 4/A

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

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 control number.

SEC 1474 (9-02)

> 9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	isable and	7. Titl	e and	8. Price of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transact	tionNumber	Expiration Da	ate	Amou	nt of	Derivative
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)) Derivative	e		Securi	ties	(Instr. 5)
	Derivative				Securities			(Instr.	3 and 4)	
	Security				Acquired					
					(A) or					
					Disposed					
					of (D)					
					(Instr. 3,					
					4, and 5)					
									A	
									Amount	
							Expiration Date	Title	or	
									Number	
				G 1 1	7 (A) (B)				of	
				Code V	V (A) (D)				Shares	

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Wackerhagen Jerry Alan 1600 W. 7TH STREET FORT WORTH, TX 76102

EVP-Chief Information Officer

Signatures

/s/ Jerry A.

Wackerhagen 02/13/2007

**Signature of Reporting Date

Explanation of Responses:

- * 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).
- (1) This is the corrected number of shares following the vesting of 1,200 RSUs. The number reported in the original Form 4 was incorrect.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

Reporting Owners 2