(Print or Type Responses)

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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden 0.5 hours per response..

5. Relationship of Reporting Person(s) to Issuer (Check all applicable)

longer subject to Section 16. Form 4 or Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Form 5 obligations may Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* HESS DEBRA ANN					2. Issuer Name and Ticker or Trading Symbol NEWCASTLE INVESTMENT CORP [NCT]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last) (First) (Middle) C/O FORTRESS INVESTMENT GROUP LLC, 1251 AVENUE OF THE AMERICAS					3. Date of Earliest Transaction (Month/Day/Year) 05/03/2004						X_(X Officer (give title below) Other (specify below) Chief Financial Officer					
(Street)					4. If Amendment, Date Original Filed(Month/Day/Year)						_X_ For	6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person					
NEW YORK CITY, NY 10020												Form filed by More than One Reporting Person					
(Ci	ty)	(State)	(Zip)				Tabl	e I - No	on-Derivat	ive Securities	Acquired, D	isposed of	, or Benefic	cially Owned			
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Y			ear) E	2A. Deemed Execution Date, any (Month/Day/Yea		(Instr. 8)		(A) or	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	Beneficial Ownership		
						Со	ode	V Amou	(A) or (D)	Price			(I) (Instr. 4)				
Commor	Stock, pa	r value \$0.01	05/03/2004				Х	ζ	4,00	0 A \$	0.35 5,000)			D		
1. Title of 2. 3. Transaction Derivative Conversion Date Sexecution Date, if				4. Trans Code	(e.g., puts, calls, war 4. 5. Number of Derivative Securities			currently valid OMB control Acquired, Disposed of, or Beneficially ints, options, convertible securities) 6. Date Exercisable and Expiration Date (Month/Day/Year) or Second (In							Ownership Form of	f Benefici ive Ownersh	
	Security			Code	e V	(Instr. 3, 5)		Date Exerc	risable	Expiration Date	Title	Amount or Number of Shares		Following Reported Transaction(s) (Instr. 4)	Direct (or Indir	D) ect	
Option (Right to Buy)	\$ 20.35	05/03/2004		J(1)		13,000		07/1	1/2003 ⁽²⁾	07/11/201	Common Stock, par value \$0.01	13 800	\$ 0 (1)	13,800	D		
Option (Right to Buy)	\$ 20.35	05/03/2004		X			4,000	07/1	1/2003(2)	07/11/201	Common Stock, par value \$0.01	9 800	\$ 0	9,800	D		
Option (Right to Buy)	\$ 22.85	05/03/2004		J <u>(1)</u>	1	9,847		12/0	1/2003(2)	12/01/201	Common Stock, par value	9.847	\$ 0 (1)	9,847	D		

\$0.01 Common

Stock,

par value

\$0.01

\$ 0 (1)

9,900

9,900

D

01/09/2004(2) 01/09/2014

Reporting Owners

\$ 26.3

05/03/2004

Option

(Right

to Buy)

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
HESS DEBRA ANN C/O FORTRESS INVESTMENT GROUP LLC 1251 AVENUE OF THE AMERICAS NEW YORK CITY, NY 10020			Chief Financial Officer				

J(1)

9,900

Signatures

/s/ Debra A. Hess	05/05/2004
**Signature of Reporting Person	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) Options assumed for no value; assigned to officer from Fortress Principal Investment Holdings LLC ("FPIH").
- (2) Options were fully vested on date of their respective initial grant from the issuer to FPIH and become exercisable in thirty equal monthly installments beginning on the first of the month following the applicable month in which the Options were granted (indicated in the "date exercisable" column).

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.