FORM 4

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

OMB APPROVAL
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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

| (Print or Ty | pe Response: | S) | | | | | | | | | | | | | | | |
|---|--|---|--|---------|---|---|----------------------------------|---|---------------------------|--------------------------------|-------------|---|--|--|--|--|-----------|
| 1. Name and Address of Reporting Person* MCFARLAND STUART A | | | | | 2. Issuer Name and Ticker or Trading Symbol NEWCASTLE INVESTMENT CORP [NCT] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | |
| (Last) (First) (Middle) C/O FORTRESS INVESTMENT GROUP, 1345 AVE OF THE AMERICAS 46TH FL | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/19/2006 | | | | | | | - | Office | r (give title belo | ow) | Other (specify | below) |
| (Street) NEW YORK, NY 10105 | | | | 4. If | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting PersonForm filed by More than One Reporting Person | | | | | |
| (City) (State) (Zip) | | | | | Table I - Non-Derivative Securities Acqui | | | | | | cquir | ired, 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) | | (Instr. 8) | | v | (A) or Disposed of (Instr. 3, 4 and 5) (A) or | | d of (5) | (D) | Beneficia | nt of Securities ally Owned Following Transaction(s) and 4) | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficia Ownersh (Instr. 4) | |
| Common Stock, par value \$0.01 per share | | | 05/19/2006 | | | | P | | 602 | A | \$ 24 | 1.90 | 2,026 | | | D | |
| | report on a c | reputate inte i | or each class of second or each class or each clas | · Deriv | rative Securit | ies Ac | equire | Pers cont the f | sons whatained ifform dis | no resp in this f splays | orm a cu | n are urren iicially | not requ tly valid | ction of inf uired to res OMB cont | spond unle | ss | 1474 (9-0 |
| 1 7711 6 | | 2 55 .: | 24.5 | | puts, calls, w | | ts, op | | | | | | , , | 0 D : C | 0.37 1 | 6 10 | 11.37 |
| Security | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day) | Execution D | ate, if | | 5. Numl of Deriv Secur Acqu (A) o Dispo of (D (Instr 4, and | vative rities ired r osed) : 3, | and Expiration Date (Month/Day/Year) A U S (I 4 | | Amor Unde Secur | . 3 and | Derivative Security (Instr. 5) | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | Owner Form of Deriva Securit Direct or Indi | f Benerative Owner (Instruction) | | |
| | | | | | Code V | (A) | (D) | Date Exe | e rcisable | Expirati Date | ion | Title | Amount or Number of Shares | | | | |

Reporting Owners

| | Relationships | | | | | |
|---|---------------|--------------|---------|-------|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | |
| MCFARLAND STUART A C/O FORTRESS INVESTMENT GROUP 1345 AVE OF THE AMERICAS 46TH FL NEW YORK, NY 10105 | X | | | | | |

Signatures

| /S/ Stuart McFarland | 06/28/2006 |
|---------------------------------|------------|
| **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).

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.