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CAPORELLA J Form 4 March 26, 2019	OSEPH G									
FORM 4	1							OMB A	PPROVAL	
	• UNITED	STATES					COMMISSIO	N OMB Number:	3235-02	287
Check this bo if no longer subject to Section 16. Form 4 or		Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OV SECURITIES						Estimated burden hou	Expires: January 21 Estimated average burden hours per response	
Form 5 obligations may continue <i>See</i> Instruction 1(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									
(Print or Type Resp	onses)									
1. Name and Address of Reporting Person <u>*</u> CAPORELLA JOSEPH G			2. Issuer Name and Ticker or Trading Symbol NATIONAL BEVERAGE CORP				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
			[FIZZ]				(Ché	eck all applicabl	e)	
(Last) (First) (Middle) 8100 SW 10TH STREET, SUITE			3. Date of Earliest Transaction (Month/Day/Year) 03/25/2019			X Director 10% Owner X Officer (give title Other (specify below) below) President				
4000								110510010		
(Street) PLANTATION, FL 33324			4. If Amendment, Date Original Filed(Month/Day/Year)			 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) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned										
	'ransaction Date onth/Day/Year)		Date, if	3. Transactio Code (Instr. 8) Code V	Disposed (Instr. 3, 4	(A) or 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)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	Ê
Reminder: Report of	on a separate line	e for each cla	ass of sec	urities benet	ficially own	ned directly of	or indirectly.			
·					Perso inform requir	ns who res nation cont ed to respo ys a curre	pond to the colle ained in this forn ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)	
	Tab					posed of, or convertible s	Beneficially Owner securities)	1		

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number	6. Date Exercisable and	7. Title and Amount of
Derivative	Conversion	(Month/Dav/Year)	Execution Date, if	Transactic	on f Derivative	Expiration Date	Underlying Securities

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	Securitie Acquire (A) or Dispose (D) (Instr. 3) and 5)	d d of	(Month/Day/Y	ear)	(Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
KEEP STOCK OPTION	\$ 35.97	03/25/2019		А	3,000		03/25/2025	03/25/2029	COMMON STOCK	3,000

Reporting Owners

Reporting Owner Name / Addre	SS	Relationships						
	Director	10% Owner	Officer	Other				
CAPORELLA JOSEPH G 8100 SW 10TH STREET SUITE 4000 PLANTATION, FL 33324	Х		President					
Signatures								
/s/ Joseph G.	03/26/2019							

/s/ Joseph G. Caporella	03/26/20

**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).

Under the Company's Key Employee Equity Partnership Program ("KEEP"), Mr. Caporella received a grant of 3,000 KEEP options for the 6,000 shares of National Beverage common stock he purchased on March 14, 2019. Participants in the KEEP program who purchase

shares of Common Stock in the open market receive grants of stock options equal to 50% of the number of shares purchased up to a (1) maximum of 6,000 shares purchased in any two-year period. Options are granted at an initial exercise price of 60% of the purchase price for the shares of National Beverage Corp. common stock acquired and reduced to the par value of the Company's stock at the end of the six year vesting period. Reference is made to Exhibit 10.8 of the Company's Form 10-K for the year ended April 28, 2018.

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.