#### GOOD TIMES RESTAURANTS INC

Form 4 July 12, 2007

## FORM 4

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

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, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person \*

**TURRILL BOB** 

(Last)

(City)

1. Title of

Security

(Instr. 3)

(First) (Middle)

(Zip)

2. Transaction Date 2A. Deemed

601 CORPORATE CIRCLE

(Street)

(State)

(Month/Day/Year)

**GOLDEN, CO 80401** 

2. Issuer Name and Ticker or Trading

Symbol

**GOOD TIMES RESTAURANTS** INC [gtim]

3. Date of Earliest Transaction (Month/Day/Year)

07/10/2007

4. If Amendment, Date Original

Filed(Month/Day/Year)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

Execution Date, if Code (Month/Day/Year) (Instr. 8)

3.

TransactionAcquired (A) or Disposed of (D) (Instr. 3, 4 and 5)

4. Securities

Owned Following Reported (A) Transaction(s)

(Instr. 3 and 4) Code V Amount (D) Price

Issuer

below)

Person

5. Amount of

Securities

Beneficially

Director

Applicable Line)

\_X\_\_ Officer (give title

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.

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

1. Title of Derivative Conversion Security or Exercise

3. Transaction Date 3A. Deemed (Month/Day/Year) Execution Date, if

any

4. 5. Number Transactionof Code

6. Date Exercisable and **Expiration Date** Derivative (Month/Day/Year)

7. Title and Amount of **Underlying Securities** (Instr. 3 and 4)

**OMB APPROVAL** 

3235-0287

January 31,

2005

0.5

**OMB** 

Number:

Expires:

response...

5. Relationship of Reporting Person(s) to

(Check all applicable)

vice president-marketing

6. Ownership

Form: Direct

(D) or Indirect Beneficial

6. Individual or Joint/Group Filing(Check

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

(T)

(Instr. 4)

below)

10% Owner

Other (specify

7. Nature of

Ownership

(Instr. 4)

SEC 1474

(9-02)

Indirect

Estimated average

burden hours per

1

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr. 8)	Acqu (A) of Disp of (I	or osed () r. 3, 4,				
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Incentive Stock Option (employee right to buy)	\$ 3.5	07/10/2007		X		400	01/28/2000(1)	01/28/2010	Common	400
Incentive Stock Option	\$ 3.5	07/11/2007		X		13	01/28/2000(1)	01/28/2000	Common	13
Incentive Stock Option (employee right to buy)	\$ 3.5	07/12/2007		X		350	01/28/2000(1)	01/28/2010	Common	350

# **Reporting Owners**

Reporting Owner Name / Address	Relationships
Reporting Owner Name / Address	210-ш-10-15-11-р-5

Director 10% Owner Officer Other

TURRILL BOB 601 CORPORATE CIRCLE GOLDEN, CO 80401

vice president-marketing

### **Signatures**

/s/ Robert D. 07/12/2007 Turrill

\*\*Signature of Date Reporting Person

# **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).
- Option vests at 10% after the first year, an additional 20% after the second year, an additional 30% after the third year and becomes fully vested after the fourth year.

Reporting Owners 2

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#### **Remarks:**

These options were exercised according to Mr. Turrill's established 10b51 plan

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.