#### GOOD TIMES RESTAURANTS INC

Form 4

November 25, 2015

Check this box

if no longer

subject to

Section 16.

Form 4 or

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

**OMB APPROVAL** 

OMB 3235-0287 Number:

January 31, Expires: 2005

Estimated average burden hours per

response... 0.5

10% Owner

**SECURITIES** 

Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person \* Johnson Steven M.

2. Issuer Name and Ticker or Trading

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

Issuer

Symbol

**GOOD TIMES RESTAURANTS** 

(Check all applicable)

5. Relationship of Reporting Person(s) to

INC [GTIM]

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

Other (specify Officer (give title below)

141 UNION BOULEVARD, #400 11/23/2015

(Street)

4. If Amendment, Date Original

Filed(Month/Day/Year)

Applicable Line)

Director

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

6. Individual or Joint/Group Filing(Check

(Instr. 4)

Person

LAKEWOOD, CO 80228

(City) (State) (Zip)

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

1.Title of Security (Instr. 3)

2. Transaction Date 2A. Deemed (Month/Day/Year)

Execution Date, if

(Month/Day/Year)

3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5)

5. Amount of Securities Beneficially Owned Following

6. Ownership 7. Nature of Form: Direct Indirect (D) or Indirect Beneficial Ownership (I)

(Instr. 4)

Reported Transaction(s) (Instr. 3 and 4)

or

(A) Code V Amount (D) Price

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)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 Security

Conversion or Exercise

3. Transaction Date 3A. Deemed

(Month/Day/Year) Execution Date, if any

4. 5. Number Transaction of Derivative Expiration Date Code Securities

6. Date Exercisable and (Month/Day/Year)

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

#### Edgar Filing: GOOD TIMES RESTAURANTS INC - Form 4

(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr. 8)	Acquired (A) or Disposed (D) (Instr. 3, 4 and 5)				
				Code V	(A) (	(D) Date Exercisable	Expiration Date	Title	Amoun or Numbe of Shares
Non Qualified Stock Options	\$ 5.29	11/23/2015		A	3,781	11/23/2016 <u>(1)</u>	11/23/2025	Non Qualified Stock Options	3,781
Restricted Stock Award	\$ 0	11/23/2015		A	1,324	(2)	(3)	Common Stock	1,324

## **Reporting Owners**

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		

Johnson Steven M. 141 UNION BOULEVARD, #400 LAKEWOOD, CO 80228

# **Signatures**

Steven M.

Johnson 11/25/2015

\*\*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) Non-Qualified Stock Options shall vest over three years, with 1/3 of the total shares granted represented each year beginning one year from date of grant and become fully vested and nonforfeitable on the third anniversary from the grant date
- (2) Restricted Stock shall vest over three years, with 1/3 of the total shares granted represented each year beginning one year from date of grant and become fully vested and nonforfeitable on the third anniversary from the grant date.
- (3) not applicable

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