## Edgar Filing: CRACKER BARREL OLD COUNTRY STORE, INC - Form 4

## CRACKER BARREL OLD COUNTRY STORE, INC

Form 4

November 13, 2015

FORM 4		OMB AF	PPROVAL
i Ortiwi 4	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549	OMB Number:	3235-028
Check this box if no longer	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF	Expires:	January 31 200
subject to Section 16.	SECURITIES  SECURITIES	Estimated a burden hour	
Form 4 or		response	0.
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.  See Instruction	30(h) of the Investment Company Act of 1940		

(Print or Type Responses)

1(b).

See Instruction

Name and Address of Reporting Person *     Dobkin Richard J			2. Issuer Name <b>and</b> Ticker or Trading Symbol CRACKER BARREL OLD COUNTRY STORE, INC [CBRL]					5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)			
(Last) 305 HARTN	(First)  MANN DR	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 11/12/2015					X Director 10% Owner Officer (give title below) Other (specify below)			
LEBANON	(Street)  4. If Amendment, Date Original  Filed(Month/Day/Year)  Applicable Line)  _X_ Form filed by One Ro  _Form filed by More the Person  Applicable Line)  _Person					One Reporting P	erson				
(City)	(State)	(Zip)	Table 1	I - Non-De	erivative S	Securi	ties Ac	quired, Disposed	of, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction (Month/Day/Y	ear) Execut any	ion Date, if  //Day/Year)	3. Transactio Code (Instr. 8)	Disposed (Instr. 3,	l (A) o l of (E	<b>)</b> )	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)	
Common Stock	11/12/2015			A	744 (1)	A	\$ 0	17,426	D		
Common Stock								2,000	I	Family Trust	
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.						

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

1. Title of	2.	3. Transaction Date		4. T	5.	6. Date Exer		7. Titl		8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if		ionNumber	Expiration D		Amou		Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day	(Year)	Under	, ,	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivativ	e		Securi	ities	(Instr. 5)	Bene
	Derivative				Securities	3		(Instr.	3 and 4)		Owne
	Security				Acquired						Follo
	Ť				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						(211512
					4, and 5)						
					4, and 3)						
									Amount		
						<b>.</b>	<b>.</b>		or		
						Date	Expiration	Title	Number		
						Exercisable	Date		of		
				Code V	(A) (D)				Shares		

# **Reporting Owners**

Reporting Owner Name / Address	Relationships						
r g	Director	10% Owner	Officer	Other			
Dobkin Richard J							
305 HARTMANN DR	X						
LEBANON, TN 37087							

# **Signatures**

Richard J. Dobkin by Michael J. Zylstra, Attorney-in-fact

11/13/2015

\*\*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).
- Represents an annual equity award made to directors pursuant to the Company's 2010 Omnibus Incentive Compensation Plan. Shares will cliff vest on November 12, 2016.

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.

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