

GOOD TIMES RESTAURANTS INC
 Form 4
 September 10, 2015

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, 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 *
 Reinhard Eric W

2. Issuer Name and Ticker or Trading Symbol
 GOOD TIMES RESTAURANTS INC [GTIM]

5. Relationship of Reporting Person(s) to Issuer
 (Check all applicable)

(Last) (First) (Middle)
 141 UNION BOULEVARD #400
 (Street)

3. Date of Earliest Transaction (Month/Day/Year)
 09/10/2015

____ Director
 ____ Officer (give title below)
 ____ 10% Owner
 ____ Other (specify below)

LAKEWOOD, CO 80228
 (City) (State) (Zip)

4. If Amendment, Date Original Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check Applicable Line)
 Form filed by One Reporting Person
 Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Acquired, 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)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	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 Ownership (Instr. 4)
			Code	V	Amount or Price		
Common	09/10/2015		M		667 A \$ 2,941.47	D	
Common	09/10/2015		M		667 A \$ 2,301.15	D	
Common	09/10/2015		M		667 A \$ 1,040.52	D	
Common	09/10/2015		M		5,000 A \$ 6,550	D	
Common	09/10/2015		M		2,000 A \$ 4,620	D	
Common	09/10/2015		M		5,000 A \$ 12,200	D	

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

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(9-02)

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

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	8. Amount or Number of Shares
				Code	V (A) (D)	Date Exercisable	Expiration Date	Title	
Non Qualified Stock Options	\$ 4.41	09/10/2015		X	667	11/14/2008	11/14/2018	Common	667
Non Qualified Stock Options	\$ 3.45	09/10/2015		X	667	11/06/2009	11/06/2019	Common	667
Non Qualified Stock Options	\$ 1.56	09/10/2015		X	667	12/13/2010	12/13/2020	Common	667
Non Qualified Stock Options	\$ 1.31	09/10/2015		X	5,000	12/14/2011	12/14/2021	Common	5,000
Non Qualified Stock Options	\$ 2.31	09/10/2015		X	2,000	01/02/2013	01/02/2023	Common	2,000
Non Qualified Stock Options	\$ 2.44	09/10/2015		X	5,000	09/27/2013	09/27/2023	Common	5,000

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Reinhard Eric W 141 UNION BOULEVARD #400 LAKEWOOD, CO 80228				

Signatures

Eric W.
Reinhard

09/10/2015

__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).

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.