GOTTSCHALKS INC

Form 4 July 13, 2005

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

SECURITIES

OMB

Washington, D.C. 20549 Check this box

3235-0287 Number:

OMB APPROVAL

if no longer subject to Section 16. Form 4 or Form 5

obligations

January 31, Expires: 2005

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF Estimated average burden hours per response...

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 may continue.

30(h) of the Investment Company Act of 1940

1(b).

(City)

(State)

(Zip)

(Print or Type Responses)

See Instruction

1. Name and Address of Reporting Person * FAMALETTE JIM			2. Issuer Name and Ticker or Trading Symbol GOTTSCHALKS INC [got]	5. Relationship of Reporting Person(s) to Issuer		
(Last)	(Last) (First) (Middl		3. Date of Earliest Transaction	(Check all applicable)		
C/O GOTTSCHALKS INC, 7 RIVER PARK PLACE EAST			(Month/Day/Year) 06/30/2005	_X_ Director 10% Owner _X_ Officer (give title Other (specify below) President & CEO		
(Street)			4. If Amendment, Date Original	6. Individual or Joint/Group Filing(Check		
FRESNO, CA	93720		Filed(Month/Day/Year)	Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person		

		140	Tuble 1 Tion Betty and the Securities Required, Bisposed 61, 61 Beneficially 6 whea					
1.Title of	2. Transaction Date	2A. Deemed	3.	4. Securities A	cquired	5. Amount of	6.	7. Nature of
Security	(Month/Day/Year)	Execution Date, if	Transaction(A) or Disposed of (D)			Securities	Ownership	Indirect
(Instr. 3)		any	Code (Instr. 3, 4 and 5)			Beneficially	Form: Direct	Beneficial
		(Month/Day/Year)	(Instr. 8)			Owned	(D) or	Ownership
						Following	Indirect (I)	(Instr. 4)
				(4)		Reported	(Instr. 4)	
				(A)		Transaction(s)		
			C 1 W	or	ъ.	(Instr. 3 and 4)		
			Code V	Amount (D)	Price			
Common Stock	06/30/2005(1)		A	1,368 A	\$ 7.5565	48,144	D	

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

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

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1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Title	and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	orNumber	Expiration D	ate	Amour	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underl	ying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securit	ies	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Own
	Security				Acquired						Follo
	·				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									A		
									Amount		
						Date	Expiration		or		
						Exercisable	Date		Number		
				~					of		
				Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
Fg -	Director	10% Owner	Officer	Other			
FAMALETTE JIM							
C/O GOTTSCHALKS INC	X		President				
7 RIVER PARK PLACE EAST	Λ		& CEO				
FRESNO, CA 93720							

Signatures

/s/ Jim Famalette 07/13/2005

**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).

Shares were purchased during the issuer's fiscal year pursuant to its Gottschalks Inc. Employee Stock Purchase Plan. The information (1) reported herein is based on a plan statement as of 6/30/05. Though shares were purchased on 6/30/05, these shares were not recorded until 07/11/05

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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