Edgar Filing: LUBYS INC - Form 4

LUBYS INC Form 4 January 05, 2	009											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								-	OMB APPROVAL			
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB Number:	3235-0287				
	Check this box								Expires:	January 31,		
if no longer subject to STATEMENT OF CHANG				GES IN BENEFICIAL OWN				NERSHIP OF	Estimated a	2005 Iverage		
Section 16	Section 16. SECURITIES						burden hours per					
Form 4 or Form 5	Form 4 or Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,							response	0.5			
obligation	Section							f 1935 or Section	n			
may conti	nue.		of the Inv	•	.	· ·			11			
See Instru 1(b).	ction	50(11)			company	1100	01 17					
- (-)-												
(Print or Type R	esponses)											
EMEDGON ADTILLID D				Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer				
ENIERSON	AKINUKK		Symbol					155001				
				INC [LUB]				(Check all applicable)				
(Last)	(First)	(Middle)		Earliest Tra	insaction			W D'	100	0		
(Month/Da 13111 NORTHWEST 01/01/20			-				X_ Director 10% Owner Officer (give title Other (specify					
FREEWAY, SUITE 600			01/01/20	1/01/2009				below) below)				
			4 If Amer	If Amendment, Date Original				6. Individual or Joint/Group Filing(Check				
				nth/Day/Year)				Applicable Line)				
								X Form filed by One Reporting Person Form filed by More than One Reporting				
HOUSTON,	TX 77040							Person	lore than One Re	porting		
(City)	(State)	(Zip)	Table	e I - Non-De	erivative S	ecuri	ties Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of	2. Transaction	Date 2A. De	. Deemed 3. 4. Securities Acquired 5. Am					5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Y	Year) Executi	ion Date, if		Transaction(A) or Disposed of			Securities Energicially Owned	Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect Beneficial		
(Instr. 3)		any (Month	Day/Vear)	Code (Instr. 8)								
		(Ivioliu)	Day/Tear) (Instr. 8) (Instr.			+ anu	5)					
					(A)			Reported				
						or		Transaction(s) (Instr. 3 and 4)				
				Code V	Amount	(D)	Price	(msu. 5 and 4)				
Restricted	01/01/2000			٨	070 (1)	٨	\$ 4.27	20.729	D			
Stock	01/01/2009			А	878 <u>(1)</u>	A	4.27 (1)	39,738	D			
							<u> </u>					

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)

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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. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,	3	ate	Amou Under Securi	rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

RelationshipReporting Owner Name / AddressDirectorIO% OwnerOfficerOtherDirector10% OwnerOfficerOtherEMERSON ARTHUR R
SUITE 600
HOUSTON, TX 77040XXXXXSignaturess
Emerson01/05/2009XXXX

<u>**</u>Signature of 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).
- (1) The security fully vests at time granted and remains subject to a restriction on alienation until the earlier of 1/01/2012 or the date of director's resignation or retirement.

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.