

GOOD TIMES RESTAURANTS INC

Form 4

December 03, 2002

F O R M 4	UNITED STATES SECURITIES AND EXCHANGE COMMISSION	OMB Approval
	Washington, D.C. 20549	OMB Number K235-0287

<p>Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).</p>	<p>STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP</p> <p>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(f) of the Investment Company Act of 1940</p>	<p>Expires: December 31, 2001</p> <p>Estimated average burden hours per response: 1.5</p>
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(Print or Type Responses)

<p>1. Name and Address of Reporting Person*</p> <p>Teran Alan</p>	<p>• Issuer Name and Ticker or Trading Symbol</p> <p>Good Times Restaurants Inc. GTIM</p>	<p>6. Relationship of Reporting Person(s) to Issuer (Check all applicable)</p> <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;">Director</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">10% Owner</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">Officer (give title below)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">Other (specify below)</td> </tr> </table>		<input checked="" type="checkbox"/>	Director	<input type="checkbox"/>	10% Owner	<input type="checkbox"/>	Officer (give title below)	<input type="checkbox"/>	Other (specify below)
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<input type="checkbox"/>	Officer (give title below)	<input type="checkbox"/>	Other (specify below)								
<p>(Last) (First) (Middle)</p>	<p>• I.R.S. Identification Number of Reporting Person, if an entity (Voluntary)</p>	<p>• Statement for Month/Year</p> <p>10/02</p>									
<p>601 Corporate Circle</p>											
<p>(Street)</p>		<p>• If Amendment, Date of Original (Month/Year)</p>									
<p>Golden CO 80401</p>			<p>7. Individual or Joint/Group Filing (Check Applicable Line)</p> <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;">Form filed by One Reporting Person</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">Form filed by More than One Reporting Person</td> </tr> </table>	<input checked="" type="checkbox"/>	Form filed by One Reporting Person	<input type="checkbox"/>	Form filed by More than One Reporting Person				
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<p>(City) (State) (Zip)</p>	<p>Table I Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned</p>										
<p>1. Title of Security (Instr. 3)</p>	<p>2. Transaction Date (Month)</p>	<p>3. Transaction Code (Instr. 8)</p>	<p>4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)</p>	<p>5. Amount of Securities</p>	<p>6. Ownership Form: Direct (D) Indirect</p>	<p>7. Nature of</p>					

Explanation of Responses:

<p>** Intentional misstatements or omissions of facts constitute Federal Criminal Violations.</p>	<p>/s/ Alan Teran</p>	<p>11-27-02</p>
<p>See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a)</p> <p>Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, <i>see</i> Instruction 6 for procedure.</p> <p>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.</p>	<p>**Signature of Reporting Person</p>	<p>Date</p>