

BAILEY DAVID
Form 4
December 03, 2002

F O R M 4	UNITED STATES SECURITIES AND EXCHANGE COMMISSION		OMB Approval																
	Washington, D.C. 20549		OMB NumberK235-0287																
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			Expires: December 31, 2001 Estimated average burden hours per responseH.5															
	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																		
(Print or Type Responses)																			
1. Name and Address of Reporting Person*		• Issuer Name and Ticker or Trading Symbol Good Times Restaurants Inc. (GTIM)		6. Relationship of Reporting Person(s) to Issuer (Check all applicable)															
Bailey David E.				<table border="1"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>10% Owner</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Director</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Other (specify below)</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Officer (give title below)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10% Owner	<input checked="" type="checkbox"/>	Director	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify below)	<input type="checkbox"/>	Officer (give title below)	<input type="checkbox"/>	<input type="checkbox"/>	
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<input type="checkbox"/>	Officer (give title below)	<input type="checkbox"/>	<input type="checkbox"/>																
(Last) (First) (Middle)		• I.R.S. Identification Number of Reporting Person, if an entity (Voluntary)	• Statement for Month/Year October 2002																
601 Corporate Circle																			
(Street)																			
Golden Colorado 80401			• If Amendment, Date of Original (Month/Year)	7. Individual or Joint/Group Filing (Check Applicable Line)															
				<table border="1"> <tr> <td><input checked="" type="checkbox"/></td> <td>Form filed by One Reporting Person</td> </tr> <tr> <td><input type="checkbox"/></td> <td>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											
<input checked="" type="checkbox"/>	Form filed by One Reporting Person																		
<input type="checkbox"/>	Form filed by More than One Reporting Person																		
(City) (State) (Zip)		Table I Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
1. Title of Security (Instr. 3)	2. Transaction Date	3. Transaction Code	4. Securities Acquired (A) or Disposed of (D)	5. Amount of	6. Ownership Form:	7. Nature of													

Explanation of Responses:

<p>** Intentional misstatements or omissions of facts constitute Federal Criminal Violations.</p>	<p>/s/ David Bailey</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>