#### Edgar Filing: ANDERSON KERRII B - Form 4

ANDERSON	N KERRII B										
Form 4 April 26, 20(	05										
FORM	Л								OMB AF	PROVAL	
Washington, D.C. 20549						OMB Number:	3235-0287				
	Check this box f no longer							Expires:	January 31 2005		
subject to	bection 16. STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES					NERSHIP OF	Estimated average burden hours per response 0.				
Form 5 obligation may cont See Instru 1(b).	Filed pur ns Section 17(	a) of the l	Public U		ling Cor	npan	y Act of	e Act of 1934, 1935 or Section 0	·	0.0	
(Print or Type I	Responses)										
ANDERSON KERRII B Sym			Symbol	r Name <b>and</b> YS INTE			-	5. Relationship of Reporting Person(s) to Issuer			
			[WEN]	15 11112	MAIN	JINA	LINC	(Check	all applicable	)	
(Mor			3. Date of (Month/E 04/22/2	•	ansaction			_X_ Director10% Owner _X_ Officer (give titleOther (specify below) below) EXECUTIVE VICE PRESIDENT & CFO			
(Street) 4. If Ame Filed(Mor			Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting				
DUBLIN, C	OH 43017-0256							Person			
(City)	(State)	(Zip)	Tab	le I - Non-D	erivative	Secu	rities Acqu	uired, Disposed of,	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deem Execution any (Month/D	Date, if	3. Transactio Code (Instr. 8) Code V	4. Securi r(A) or Di (Instr. 3, Amount	spose	d of (D)	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 Beneficial Ownership (Instr. 4)	
Common Stock (1)	04/22/2005			F	1,337	D	\$ 40.905	31,392.455	D		
Common Stock								5,500	Ι	BY IRA	
Common Stock								804.634	I	BY 401(K) PLAN	

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)

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# 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)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Tit	le and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onNumber	Expiration D	ate	Amou	unt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Unde	rlying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivativ	e		Secur	rities	(Instr. 5)	Bene
	Derivative				Securities	1		(Instr	. 3 and 4)		Owne
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
						Date	Expiration	<b>TC</b> 1	Amount or		
						Exercisable	Date	Title	Number		
				Code V	(A) (D)				of Shares		
					( ) (-)						

### **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
ANDERSON KERRII B WENDY'S INTERNATIONAL, INC. P. O. BOX 256 DUBLIN, OH 43017-0256	Х		EXECUTIVE VICE PRESIDENT & CFO				
Signatures							
KEDDIIB							

KEKKII D	
ANDERSON	04/26/2005
**Signature of Reporting	Date

### 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 SHOWN ON TABLE 1 INCLUDE SHARES ACQUIRED PURSUANT TO THE DIVIDEND REINVESTMENT
   (1) PROVISIONS OF A RESTRICTED STOCK AWARD MADE UNDER THE ISSUER'S 2003 STOCK INCENTIVE PLAN. NOTE: TABLE 1 REFLECTS SHARES ACQUIRED THROUGH PARTICIPATION IN ISSUERS 401(K) PLAN AS OF 04/22/2005.

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.