Edgar Filing: BJs RESTAURANTS INC - Form 4

BJs RESTAU	JRANTS INC									
Form 4										
January 16, 2	2014									
FORM									PPROVAL	
	• • UNITED S	TATES SECUR				NGE (COMMISSION	OND	3235-0287	
Check thi	s box	vv as	shington,	D.C. 203	549			Number:	January 31,	
if no long	er STATEM	ΕΝΤ ΟΕ ΟΗΛΝ	CES IN F	FNEEL	CIA		NEDSHID OF	Expires:	2005	
	SUBject to SUBject to SUBJECT TO STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF						Estimated average			
Form 4 or	Section 16. SECURITIES							burden hours per		
Form 5		uant to Section 1	6(a) of the	Securiti	es Ez	xchang	pe Act of 1934	response	0.5	
obligation	18 Section 17(a)) of the Public Ut						n		
may conti <i>See</i> Instru	inue.	30(h) of the In	•	•						
1(b).	letion			1.						
(Print or Type R	lesponses)									
1	11 (D (D	*					5 D L (* 1* 1			
1. Name and A	Name and	Ticker or 7	Гradin	g	5. Relationship of Reporting Person(s) to Issuer					
-			ymbol BJs RESTAURANTS INC [BJRI]							
		BJS KES	STAUKAI	NIS INC	~ [B]	KIJ	(Chec	k all applicable	e)	
(Last)	(First) (M		3. Date of Earliest Transaction							
7755 CENT	ED AVENUE CU	(Month/D	-				X_ Director Officer (give		6 Owner er (specify	
300	ER AVENUE, SU	UITE 01/15/20	014				below)	below)	er (speeny	
300										
			I. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check			
		Filed(Mon	th/Day/Year)				Applicable Line) _X_ Form filed by	One Reporting Pe	erson	
HUNTINGT	TON BEACH, CA	92647					Form filed by M	Aore than One Ro		
							Person			
(City)	(State) (Z	Zip) Tabl	e I - Non-De	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned	
1.Title of	2. Transaction Date	2A. Deemed	3.	4. Securi	ties		5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Year)	Execution Date, if		TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5)				Form: Direct	Indirect	
(Instr. 3)		any (Month/Day/Year)	Code (Instr. 8)				2	(D) or Indirect (I)	Beneficial Ownership	
		(Woldin Day Tear)	(1150.0)	(111501. 5,	+ anu	5)	Following	(Instr. 4)	(Instr. 4)	
					(A)		Reported			
					or		Transaction(s)			
			Code V	Amount	(D)	Price	(Instr. 3 and 4)			
Common							65,000	D		
Stock							05,000	D		
Common	01/15/0014			1 000		.	0.511	D		
Stock (1)	01/15/2014		А	1,339	А	\$0	2,511	D		

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.

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

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. 5. Number Transaction Derivative Code Securities (Instr. 8) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Non Qualified Stock Options	\$ 29.88	01/15/2014		A	3,749	01/15/2015 <u>(2)</u>	01/15/2024	Common Stock	3,749

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
BOUTS LARRY D 7755 CENTER AVENUE SUITE 300 HUNTINGTON BEACH, CA 92647	Х					
Signatures						
/s/Dianne Scott, Attorney-in-fact for I Bouts	Larry D.	0	1/16/201	4		
<u>**</u> Signature of Reporting Person	Date					

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) Represents the grant of restricted stock units to the reporting person. Each restricted stock unit represents a contingent right to receive one share of the Issuer's common stock.
- (2) The option vests 33 1/3% on the first anniversary of the grant date.

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.