#### CASEYS GENERAL STORES INC

Form 4

Common

Common

Common

Stock

Stock

Stock

09/19/2014

September 22, 2014

FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION							OMB APPROVAL		
	UNITEDS	TATES			ND EXCI D.C. 2054		COMMISSION	OMB Number:	3235-0287
Check this box								Expires:	January 31, 2005
subject to Section 16 Form 4 or	F CHANGES IN BENEFICIAL OWNERSH SECURITIES					Estimated a burden hou response	average Irs per		
Form 5 obligations may continue See Instruction 1(b).	Section 17(a)	) of the	Public Uti	ility Hold		any Act of	ge Act of 1934, f 1935 or Sectio 40	n	
(Print or Type Ro	esponses)								
1. Name and Address of Reporting Person * DANOS JOHNNY			2. Issuer Name <b>and</b> Ticker or Trading Symbol			5. Relationship of Reporting Person(s) to Issuer			
			CASEYS GENERAL STORES INC [CASY]				(Check all applicable)		
(Last)	(First) (M	iddle)	3. Date of (Month/Da	Earliest Tra	nsaction		_X_ Director Officer (give		Owner er (specify
4200 UNIVE AVENUE, S			09/19/20	-			below)	below)	
	(Street) 4. If Amendment, Date Original Filed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
WEST DES	MOINES, IA 502	266					Form filed by M Person		
(City)	(State) (Z	Zip)	Table	e I - Non-De	erivative Se	curities Acc	quired, Disposed o	f, or Beneficial	lly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any		3. Transactio Code (Instr. 8)	4. Securities on Acquired (Disposed of (Instr. 3, 4)	A) or of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)

Code V Amount (D) Price

1,409

(3)

A

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 (9-02)

(Instr. 3 and 4)

D

I

I

11,909

4,675

100

\$0

Through

accounts

Held by

spouse (2)

**IRA** 

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required to respond unless the form displays a currently valid OMB control number.

8. Pri Deriv Secur (Instr

# 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. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		re e	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
Option - right to buy (1)	\$ 17.64					05/01/2005	05/01/2015	Common Stock	2,000
Option - right to buy (1)	\$ 22.36					05/01/2006	05/01/2016	Common Stock	2,000
Option - right to buy (1)	\$ 26.51					05/01/2008	05/01/2018	Common Stock	2,000
Option - right to buy (1)	\$ 25.49					05/01/2009	05/01/2019	Common Stock	2,000

## **Reporting Owners**

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
DANOS JOHNNY 4200 UNIVERSITY AVENUE SUITE 410 WEST DES MOINES, IA 50266	X					

## **Signatures**

William J. Noth, under power of attorney dated 3/9/04 09/22/2014

\*\*Signature of Reporting Person

Reporting Owners 2

Date

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### **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) Pursuant to terms of 2009 Stock Incentive Plan.
- (2) Mr. Danos disclaims beneficial ownership of all shares held by his spouse.
- (3) Consisting of shares awarded under 2009 Stock Incentive Plan as part of director compensation for FY15.

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.