## Edgar Filing: NATIONAL BEVERAGE CORP - Form 4

NATIONAL B	EVERAGE	CORP								
Form 4	2014									
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION							OMB APPROVAL			
Washington, D.C. 20549       Number:       3235-024         Check this box if no longer subject to Section 16.       STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES       Expires:       200         Estimated average burden hours per										
(Print or Type Res	ponses)									
			2. Issuer Name <b>and</b> Ticker or Trading Symbol NATIONAL BEVERAGE CORP [FIZZ]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Month/I				Pate of Earliest Transaction onth/Day/Year) 16/2014				_X_ Director 10% Owner _X_ Officer (give title Other (specify below) President		
	(Street)		4. If Amendment, Date Original Filed(Month/Day/Year)				Applicable Line)	. Individual or Joint/Group Filing(Check pplicable Line) X_ Form filed by One Reporting Person		
PLANTATIO	N, FL 33324	1						Form filed by M Person	lore than One Re	porting
(City)	(State)	(Zip)	Table 1	l - Non-Dei	rivative Se	ecuriti	es Acqu	iired, Disposed of	, or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transactior (Month/Day/	Year) Execu any		(Instr. 8)	on(A) or D (D)	ispose 4 and (A) or	d of	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	12/17/2014			Х	2,200 (1)	A	\$ 0.01	365,600	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.

 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. Transactio Code (Instr. 8)	5. Number on f Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercis Expiration Dat (Month/Day/Y	e	7. Title and Am Underlying Sec (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
KEEP STOCK OPTION	\$ 0.01 (2)	12/17/2014		Х	2,200	07/24/2013	07/23/2017	COMMON STOCK	2,200

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## **Reporting Owners**

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
CAPORELLA JOSEPH G 8100 SW 10TH STREET SUITE 4000 PLANTATION, FL 33324	Х		President			
Signatures						

/s/ Joseph G. Caporella	12/18/2014
**Signature of	Date

Reporting 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).
- (1) Securities were acquired by exercising certain options granted to the reporting person under the Company's Key Employee Equity Partnership Program ("KEEP') on July 24, 2007. Reference is made to the derivative security table and footnote 2 of this Form 4.

(2) KEEP participants receive a grant equal to 50% of the number of shares of the Company's common stock purchased on the open market.
 (2) KEEP options are granted at an initial exercise price of 60% of the purchase price of the shares acquired and such price is reduced to the par value of the Company's common stock over a six year vesting period. Reference is made to Exhibit 10.8 of the Company's Form 10-K for the year ended May 3, 2014.

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.