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CHECKERS DRIVE IN RESTAURANTS INC /DE

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Form 4
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April 26, 2002
      UNITED STATES SECURITIES AND EXCHANGE COMMISSION
      WASHINGTON, D.C. 20549
      FORM 4
      STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
      ( ) Check this box if no longer subject to Section 16.
      Form 4 or Form 5 obligations may continue. See Instructions 1(b).
      1. Name and Address of Reporting Person
      CHRISTENSEN, TERRY N.
      2121 AVENUE OF THE STARS, 18TH FLOOR
      LOS ANGELES, CA 90067
      U.S.A.
      2. Issuer Name and Ticker or Trading Symbol
      CHECKERS DRIVE-IN RESTAURANTS, INC. (CHKR)
      3. IRS or Social Security Number of Reporting Person (Voluntary)
      4. Statement for Month/Year
      JANUARY 2002
      5. If Amendment, Date of Original (Month/Year)
      6. Relationship of Reporting Person(s) to Issuer (Check all applicable)
      (X) Director () 10% Owner () Officer (Give Title Below)
      ( ) Other (Specify Below)
      7. Individual or Joint/Group Filing (Check Applicable)
      (X ) Form filed by One Reporting Person
          ) Form filed by More than One Reporting Person
      SUBJECT COMPANY:
              COMPANY DATA:
                                                           CHECKERS DRIVE-IN RESTAURANTS, INC.
                     COMPANY CONFORMED NAME:
                      CENTRAL INDEX KEY:
                                                                            0000879554
                      STANDARD INDUSTRIAL CLASSIFICATION:
                                                                     RETAIL-EATING PLACES [5812]
                      IRS NUMBER:
                                                                             581654960
                      STATE OF INCORPORATION:
                                                                     DΕ
                      FISCAL YEAR END:
                                                                             1231
                                                                             000-19649
                      SEC FILE NUMBER:
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BUSINESS/MAILING ADDRESS:

STREET 1: CITY:

4300 WEST CYPRESS TAMPA

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STATE: FL

ZIP: 33607 BUSINESS PHONE: 8132837000

Table I Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

Title of Non-Derivative Security Transaction Date Transaction Code

Security Amount Securities Acquired/ Disposed (A/D)

Securities Price Amount Beneficially Owned at End of the Month Ownership Direct or Indirect

Nature of Indirect Beneficial Ownership

Table II Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)
Title of Derivative Security
Conversion or Exercise Price
Transaction Date
Transaction Code
Securities Acquired/
Disposed
Date Exercisable
Expiration Date

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Title Number of Shares Price of Security Number Beneficially Owned End of Month Ownership Direct or Indirect Nature of Indirect Beneficial Ownership Common Stock (Right to Buy) \$6.42 01/02/02 A A 01/02/02 01/02/12 C 1,667	
1,667	
D	
Explanation of Responses:	
Explanation of Responses:	
Signature of Reporting Person	Date