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SIROIS KEITH E

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Form 4
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May 07, 2002
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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
KEITH E. SIROIS
16303 DOBSON COURT
TAMPA, FL 33647
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
APRIL 2002
5. If Amendment, Date of Original (Month/Year)
6. Relationship of Reporting Person(s) to Issuer (Check all applicable)
( ) Director ( ) 10% Owner ( \rm X ) Officer (Give Title Below)
     ( ) Other (Specify Below)
       Vice President of Franchise Operations
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:
               COMPANY CONFORMED NAME:
                                                      CHECKERS DRIVE-IN RESTAURANTS, INC.
                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:
        BUSINESS/MAILING ADDRESS:
               STREET 1:
                                                                               4300 WEST CYPRESS
               CITY:
                                                                               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 Common Stock 04/16/02 Μ 833 Α \$4.50 1,262.21 Common Stock 04/23/02 833 \$11.82 429.21

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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Signature of Reporting Person		Date
Explanation of Responses:		
0 D		
C 833		
12/15/98 04/27/08		
M D		
\$4.50 04/16/02		
Ownership Direct or Indirect Nature of Indirect Beneficial Common Stock Options	Ownership	
Price of Security Number Beneficially Owned End	of Month	
Number of Shares		