

GOOD TIMES RESTAURANTS INC

Form 4

December 03, 2002

F O R M 4	UNITED STATES SECURITIES AND EXCHANGE COMMISSION	OMB Approval
	Washington, D.C. 20549	OMB Number K235-0287
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(f) of the Investment Company Act of 1940	Expires: December 31, 2001 Estimated average burden hours per response H.5

(Print or Type Responses)

1. Name and Address of Reporting Person* Teran Alan	• Issuer Name and Ticker or Trading Symbol Good Times Restaurants Inc. GTIM	6. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last) (First) (Middle)	• I.R.S. Identification Number of Reporting Person, if an entity (Voluntary)	10/02	10% Owner			
601 Corporate Circle		10/02	Other (specify below)			
(Street)	• If Amendment, Date of Original (Month/Year)	7. Individual or Joint/Group Filing (Check Applicable Line)				
Golden CO 80401		X	Form filed by One Reporting Person	Form filed by More than One Reporting Person		
(City) (State) (Zip)	Table I Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned					
1. Title of Security (Instr. 3)	2. Transaction Date (Month)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	5. Amount of Securities	6. Ownership Form: Direct (D) Indirect	7. Nature of Indirect

Explanation of Responses:

<p>** Intentional misstatements or omissions of facts constitute Federal Criminal Violations.</p>	<p>/s/ Alan Teran</p>	<p>11-27-02</p>
<p>See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a)</p> <p>Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, <i>see</i> Instruction 6 for procedure.</p> <p>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.</p>	<p>**Signature of Reporting Person</p>	<p>Date</p>