## Edgar Filing: MCKINNEY JOE C - Form 4

MCKINNEY	JOE C												
Form 4													
July 02, 2009	_												
FORM	FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION						OMMISSION	OMB APPROVAL					
	UNITE					NGE C		OMB Number:	3235-0287				
Check this		Washington, D.C. 20549								January 31,			
if no longe subject to	sr STATE	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF							Expires:	2005			
Section 16	SECURITIES						Estimated average burden hours per						
Form 4 or	Form 4 or						response	0.5					
Form 5 obligations	· ·						•	e Act of 1934,					
may contin	nue. Section 1			•	•	• •		1935 or Section	n				
See Instruct 1(b).	ction	50(II)	of the Inv	estment	Company	Act	01 194	0					
1(0).													
(Print or Type Re	esponses)												
		_ *											
1. Name and Address of Reporting Person <u></u> MCKINNEY JOE C				2. Issuer Name <b>and</b> Ticker or Trading Symbol					5. Relationship of Reporting Person(s) to Issuer				
			•										
			LUBYS INC [LUB]					(Check all applicable)					
(Last)	(First) (Middle) 3. Date of Earl				insaction			X_ Director10% Owner					
				(Month/Day/Year) 07/01/2009					Officer (give titleOther (specify				
FREEWAY, SUITE 600		0110112009					below) below)						
	(Street)		4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check					
			Filed(Month/Day/Year)					Applicable Line)					
									_X_ Form filed by One Reporting Person Form filed by More than One Reporting				
HOUSTON,	TX 77040							Person		Porting			
(City)	(State)	(Zip)	Table	I - Non-De	erivative S	ecuri	ties Acq	uired, Disposed of	f, or Beneficial	ly Owned			
1.Title of	2. Transaction I	Date 2A. De	emed 3. 4. Securities Acquired					5. Amount of 6. Ownership 7. Nature of					
Security	(Month/Day/Ye	· ·	on Date, if Transaction(A) or Disposed of				d of	Securities	Form: Direct				
(Instr. 3)		any (Month	/Day/Year)	Code (Instr. 8)	(D) (Instr. 3,	4 and	5)	•	(D) or Indirect (I)	Beneficial Ownership			
		(1.101111	(Inst. 0) (Inst.			. und	2)	Following	(Instr. 4)	(Instr. 4)			
				(A)			Reported						
				~		or		Transaction(s) (Instr. 3 and 4)					
				Code V	Amount	(D)	Price \$	,					
Restricted	07/01/2009			А	3,022	А	ه 4.12	36,992	D				
Stock					(1)		(1)						

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)

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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. Transacti Code (Instr. 8)	5. of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

 Reporting Owner Name / Address

 Director
 10% Owner
 Officer
 Other

 MCKINNEY JOE C
 13111 NORTHWEST FREEWAY
 X
 Very Support
 Very

<u>\*\*</u>Signature of 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) The security fully vests at time granted and remains subject to a restriction on alienation until the earlier of 7/01/2012 or the date of director's resignation or retirement.

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.