FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL								
OMB Number: 3235-0104								
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

HYATT LAWRENCE E			Date of Event Requiring Statem Month/Day/Year 01/03/2011	nent	3. Issuer Name and Ticker or Trading Symbol <u>CRACKER BARREL OLD COUNTRY STORE, INC</u> [CBRL]						
(Last) (First) (Middle)			0 27 0 37 <u>2</u> 0 1 1		Relationship of Reporting Persi (Check all applicable) Director		on(s) to Issuer 10% Owner		5. If Amendment, Date of Original Filed (Month/Day/Year)		
(Street) LEBANON TN 37087		37087			X Officer (give title below) Sr. VP & CF	Other (specify below)		6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(State)	(Zip)									
		Т	able I - Non	-Derivati	ive Sec	curities Beneficiall	y Owned				
1. Title of Security (Instr. 4)					2. Amount of Securities Beneficially Owned (Instr. 4) 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		t (D)	4. Nature of Indirect Beneficial Ownership (Instr. 5)			
								(1)			
Common Stoc	·k					0		(1)			
Common Stoc	:k	(e. <u>(</u>				0 rities Beneficially (otions, convertible	(Instr. 5) D Owned				
Common Stoc				s, warra	nts, op	rities Beneficially (Owned securities		rcise	5. Ownership Form: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)

Explanation of Responses:

Remarks:

<u>Lawrence E. Hyatt by Forrest Shoaf, Attorney-in-fact</u>

01/05/2011

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * If the form is filed by more than one reporting person, see Instruction 5 (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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.