FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

- 1								
	OMB APF	OMB APPROVAL						
	OMB Number:							
	Estimated average burden							
	hours per response	: 0.5						

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* Barr Thomas H 2. Date of Event Requiring Statement (Month/Day/Year) 05/30/2012				nent	3. Issuer Name and Ticker or Trading Symbol CRACKER BARREL OLD COUNTRY STORE, INC [CBRL]								
(Last) 305 HARTM	(First)	(Middle)	_ 36,23,2012			ationship of Reporting Perso (all applicable) Director	son(s) to Issuer		5. If Amendment, Date of Original Filed (Month/Day/Year)				
(Street) LEBANON (City)	TN (State)	37087 (Zip)				Officer (give title below)	Other (spe below)	cify	Appli	cable Line) Form filed b	y One Reporting Person y More than One erson		
Table I - Non-Derivative Securities Beneficially Owned													
1. Title of Security (Instr. 4)						int of Securities ially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)				
Common Stock						0	D						
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)													
1. Title of Derivative Security (Instr. 4) 2. Date Exercisable Expiration Date (Month/Day/Year)			ate	and 3. Title and Amount of Secu Underlying Derivative Secur		rity (Instr. 4) Conve		ercise	5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)			
			Date Exercisable	Expiration Date	n Title)	Amount or Number of Shares	Price of Derivati Security	ive	Direct (D) or Indirect (I) (Instr. 5)			

Explanation of Responses:

Remarks:

<u>Thomas H. Barr by Michael J.</u> <u>Zylstra, Attorney-in-fact</u>

06/07/2012

** 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.