FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

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* Ciavarra Christopher Alex (Last) (First) (Middle) 305 HARTMANN DRIVE (Street) LEBANON TN 37087					3. D 09/	2. Issuer Name and Ticker or Trading Symbol CRACKER BARREL OLD COUNTRY STORE, INC [CBRL] 3. Date of Earliest Transaction (Month/Day/Year) 09/15/2016 4. If Amendment, Date of Original Filed (Month/Day/Year)										5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify below) Sr. VP, Marketing 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) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					action	ar)	2A. D Exec if any	2A. Deemed Execution Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			d (A) c	or 5. Amount of		ount of ities icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect ct Beneficial Ownership
										Code	v	Amount		(A) or (D)	Pric	ce	Transa	ted action(s) 3 and 4)		(Instr. 4)
Common Stock 09/15/										A		1,818(1	L)	Α		\$0		.0,588	D	
Common Stock 09/15/						/2016				D		763(2)		D	\$140.2		9,825		D	
Common Stock 09/15/2						/2016				A		1,560 ⁽³	3)	A	\$0		11,385		D	
Common Stock 09/15/2						2016				D		655(4)	D \$		\$1	40.2	2 10,730		D	
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/D	Date, Transa Code (I		(Instr	r. ES	5. Num of Deriva Securi Acqui (A) or Dispo of (D) Instr. and 5)	ative ities red sed 3, 4	6. Date E Expiratio (Month/D	on Date		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of Title Shares		nstr. 3			9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)

Explanation of Responses:

- 1. Award based on 2-year performance requirements and the certification by the Compensation Committee of achievement of those requirements under the FY15 Long-Term Performance Plan.
- 2. Represents shares deducted to satisfy federal tax withholding obligations on the granting of the award disclosed in row one of this table.
- 3. Award of market-based stock units based on 3-year performance requirements and the certification by the Compensation Committee of achievement of those requirements under the FY14 Market Stock Unit
- 4. Represents shares deducted to satisfy federal tax withholding obligations on the granting of the award disclosed in row three of this table.

Christopher Alex Ciavarra by

Michael J. Zylstra, Attorney-

09/19/2016

in-fact

** 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 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).

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.