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								
Estimated average burden								
hours per response:	0.5							

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

1. Name and Address of Reporting Person* Greene Edward A 2. Date of Eve Requiring Stat (Month/Day/Ye 10/03/2005				nent	3. Issuer Name and Ticker or Trading Symbol CBRL GROUP INC [CBRL]						
(Last) (First) (Middle) 305 HARTMANN DRIVE					Relationship of Reporting Perso (Check all applicable) Director		on(s) to Issuer 10% Owner		5. If Amendment, Date of Original Filed (Month/Day/Year)		
					X	Officer (give title below)	Other (spe	cify		lividual or Joint cable Line)	/Group Filing (Check
(Street) LEBANON						Sr. VP, Strategic In	,		X Form filed by One Reporting Person Form filed by More than One Reporting Person		
(City)	(State)	(Zip)									
		7	able I - Nor	-Derivat	ive S	ecurities Beneficiall	y Owned				
1. Title of Security (Instr. 4)						ınt 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				
		(e. <u>ç</u>				urities Beneficially options, convertible		s)			
Ex			2. Date Exercisable and Expiration Date (Month/Day/Year)		d 3. Title and Amount of Securi Underlying Derivative Securi				cise Form	5. Ownership Form: Direct (D)	(Instr. 5)

Explanation of Responses:

Edward A Greene by Linda Vantrease, Attorney-in-fact

10/05/2005

** 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.