FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL             |           |  |  |  |  |  |  |  |  |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number:              | 3235-0287 |  |  |  |  |  |  |  |  |
| Estimated average hurden |           |  |  |  |  |  |  |  |  |

0.5

hours per response:

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

|   |   |  |  |                      |   |   | ( )    |      |                    |          | 10.00  | ,   |               |   |               |   |                 |  |   |                        |  |  |
|---|---|--|--|----------------------|---|---|--------|------|--------------------|----------|--------|---|---------------|---|---------------|---|-----------------|--|---|------------------------|--|--|
| 1. Name and Address of Reporting Person*  MITCHELL MARTHA M |   |  |  |                      | 2. Issuer Name and Ticker or Trading Symbol CBRL GROUP INC [ CBRL ] |   |        |      |                    |          |        |   |               |   |               | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)   |                 |  |   |                        |  |  |
|   |   |  |  |                      |   |   | Orte   | 701  | 110                | CDI      | ]      |   |               |   |               | X   | Direc           | tor  |   | 10% C                  | wner   |  |
| (Last) (First) (Middle) 305 HARTMANN DR                     |   |  |  |                      |   | 3. Date of Earliest Transaction (Month/Day/Year) 10/21/2004 |        |      |                    |          |        |   |               |   |               |   | Office          | er (give title<br>v)   |   | Other (<br>below)      | specify  |  |
| (Street) LEBANON TN 37087                                   |   |  |  | 4. If A              | 4. If Amendment, Date of Original Filed (Month/Day/Year)            |   |        |      |                    |          |        |   |               |   | . Individine) | Form filed by More than One Reporting                                     |                 |  |   |                        |  |  |
| (City)  | (St   | ate) (                                     | Zip)   |                      |   |   |        |      |                    |          |        |   |               |   |               |   | Pers            | OH   |   |                        |  |  |
|   |   | Tabl                                       | e I - Noi                                    | n-Deriva             | ative   | Sec   | uritie | s Ac | quire              | d, Di    | spos   | sed o                                       | f, oı         | r Ben   | efici         | ally C  | )wne            | ed   |   |                        |  |  |
| 1. Title of Security (Instr. 3)  2. Transac Date (Month/Da  |   |  |  |                      | Execution Da  |   |        | Cod  | sactio<br>e (Insti | Disposed |        | ities Acquired (A)<br>d Of (D) (Instr. 3, 4 |               |   | nd :          | 5. Amount of<br>Securities<br>Beneficially<br>Owned Following<br>Reported |                 | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4)  | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |                        |  |  |
|   |   |  |  |                      |   |   |        | Cod  | e V                | Am       | Amount |   | (A) or<br>(D) | Price   | .             | Transaction(s)<br>(Instr. 3 and 4)  |                 |  |   | (111511.4)             |  |  |
| Common Stock 10/21/2  |   |  |  |                      | /2004   |   |        | P    |                    |          | 500    |   | A \$3         |   | .88.          | 3 1,150   |                 | D  |   |                        |  |  |
|   |   | Та   | ıble II - I                                  | Derivati<br>e.g., pu |   |   |        |      |                    |          |        |   |               |   |               | y Ow  | ned             |  |   |                        |  |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)         | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deem<br>Execution<br>if any<br>(Month/Da | Date,                | Code (Ins   |   |        |      |                    | tion Da  | ite    |   |               | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Instr.<br>and 4) |               | 8. Prio<br>Deriva<br>Secur<br>(Instr.                                     | vative<br>urity | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(<br>(Instr. 4) | Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | n:<br>ct (D)<br>direct | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |
|   |   |  |  |                      | Codo  | .,  | (A)    |      | Date               | ate      |        | ration                                      | Title         | or<br>Nui<br>of   | ount          |   |                 |  |   |                        |  |  |

Explanation of Responses:

Martha M. Mitchell by Linda Vantrease, Attorney-in-fact

10/25/2004

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  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.