SEC Form 3

FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL
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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

1. Name and Ad MCCARTI		0	2. Date of Event Requiring Staten (Month/Day/Year 08/09/2011	nent 🛛	3. Issuer Name and Ticker or Trading Symbol <u>CRACKER BARREL OLD COUNTRY STORE, INC</u> [CBRL]					
(Last) 305 HARTM	(First)	(Middle)			(Check all ap	hip of Reporting Perso oplicable) ector	son(s) to Issuer 10% Owner		5. If Amendment, Date of Original Filed (Month/Day/Year)	
(Street) LEBANON (City)	TN (State)	37087 (Zip)	_			cer (give title w)	Other (spe below)		pplicable Line) X Form filed b	t/Group Filing (Check ny One Reporting Person ny More than One terson
			Table I - Non	-Derivati	ve Secur	ities Beneficiall	y Owned			
1. Title of Security (Instr. 4)						ount of Securities ficially Owned (Instr. 4) or Indirect (I (Instr. 5)		t (D) (Instr. 5)		
Common Stock						0	D			
						es Beneficially ns, convertible		s)		
1. Title of Derivative Security (Instr. 4)			Expiration Da	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securit Underlying Derivative Securit		4. Conversio or Exercis	e Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)
Explanation of F	20000000		Date Exercisable	Expiration Date	Title		Amount or Number of Shares	Price of Derivative Security	Direct (D) or Indirect (I) (Instr. 5)	

Remarks:

William W. McCarten by

Forrest Shoaf, Attorney-in-fact 08/11/2011

** 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.