

GOOD TIMES RESTAURANTS INC

Form 4

December 03, 2002

FORM 4	UNITED STATES SECURITIES AND EXCHANGE COMMISSION		OMB Approval
	Washington, D.C. 20549		OMB Number K235-0287
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		Expires: December 31, 2001 Estimated average burden hours per response H.5
	Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(f) of the Investment Company Act of 1940		

(Print or Type Responses)

1. Name and Address of Reporting Person*		• Issuer Name and Ticker or Trading Symbol Good Times Restaurants Inc. (GTIM)		6. Relationship of Reporting Person(s) to Issuer (Check all applicable)		
Bailey Geoffrey R.				<input checked="" type="checkbox"/>	Director	10% Owner
(Last) (First) (Middle)		• I.R.S. Identification Number of Reporting Person, if an entity (Voluntary)		<input type="checkbox"/>	Officer (give title below)	Other (specify below)
601 Corporate Circle		• Statement for Month/Year October 2002		<input type="checkbox"/>		
(Street)		• If Amendment, Date of Original (Month/Year)		7. Individual or Joint/Group Filing (Check Applicable Line)		
Golden Colorado 80401				<input checked="" type="checkbox"/>	Form filed by One Reporting Person	
(City) (State) (Zip)		Table I Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned				
1. Title of Security (Instr. 3)	2. Transaction Date	3. Transaction Code	4. Securities Acquired (A) or Disposed of (D)	5. Amount of	6. Ownership Form:	7. Nature of

Explanation of Responses:

<p>** Intentional misstatements or omissions of facts constitute Federal Criminal Violations.</p>	<p>/s/ Geoffrey R. Bailey</p>	<p>11-27-02</p>
<p>See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a)</p> <p>Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, <i>see</i> Instruction 6 for procedure.</p> <p>Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.</p>	<p>**Signature of Reporting Person</p>	<p>Date</p>