Edgar Filing: CHEESECAKE FACTORY INC - Form 4

CHEESECAKE FACTORY INC

Form 4

Common

Common

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Stock

Stock

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11/29/2016

November 29, 2016

November 29, 20	16										
FORM 4 UNITED STATES SECURITIES AND EVOLUNCE COMMISSION							OMB APPROVAL				
	Check this box if no longer subject to Section 16. Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES						OMB Number:	3235-0287			
if no longer subject to Section 16.							Expires: Estimated a burden hour response				
Form 5 obligations may continue. <i>See</i> Instruction 1(b).	Section 17(a	iled pursuant to Section 16(a) of the Securities Exchange Act of 1934, ion 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940									
(Print or Type Respon	nses)										
1. Name and Address of Reporting Person * SLOMANN CHERYL			2. Issuer Name and Ticker or Trading Symbol CHEESECAKE FACTORY INC [CAKE]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
							(Check an applicable)				
(Last) (First) (Middle) 26901 MALIBU HILLS ROAD			3. Date of Earliest Transaction (Month/Day/Year) 11/29/2016				Director 10% Owner _X Officer (give title Other (specify below) Principal Accounting Officer				
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
CALABASAS H	HILLS, CA 9	1301					Form filed by M Person	ore than One Rep	porting		
(City)	(State)	(Zip)	Tabl	e I - Non-I	Derivative Se	curities Acq	uired, Disposed of,	or Beneficiall	y Owned		
	ransaction Date nth/Day/Year)	2A. Deem Execution any (Month/D	Date, if	3. Transactio Code (Instr. 8)	4. Securities or(A) or Dispo (Instr. 3, 4 a	osed of (D)	5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		

(A)

(D)

D

Price

59.379

Code V Amount

1,000

S

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

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 control

Transaction(s) (Instr. 3 and 4)

D

I

Ι

11,089

500

13

By Trust

By IRA

(1)

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number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Titl	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onNumber	Expiration D	ate	Amou	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivativ	e		Securi	ities	(Instr. 5)	Bene
	Derivative				Securities	3		(Instr.	3 and 4)		Owne
	Security				Acquired						Follo
	•				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									A		
									Amount		
						Date	Expiration	TT:41	or		
					Exercisable	Date	Title	Number			
				G 1 17	(1) (D)				of		
				Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

SLOMANN CHERYL 26901 MALIBU HILLS ROAD CALABASAS HILLS, CA 91301

Principal Accounting Officer

Signatures

Cheryl Slomann 11/29/2016

**Signature of Person Date

Explanation of Responses:

- * 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).
- (1) Shares held by the Mark D. and Cheryl M. Slomann Trust u/a 4/7/1997 of which the reporting person and her spouse are trustees. Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure.

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.

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