SEC Form 3 FORM 3

UNITED STATES SECURITIES AND EXCHANGE

COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL

3235-0104

Estimated average burden 0.5

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 Address of Reporting Person [*] Steinberg Robert E		2. Date of E Requiring S (Month/Day 06/30/202	itatement /Year)	3. Issuer Name and Ticker NATHANS FAMC					
C/O NATHAN'S FAMOUS, I ONE JERICHO PLAZA, SEC FLOOR - WING A (Street)	COND 753			4. Relationship of Reporting Issuer (Check all applicable) Director X Officer (give title below) VP Finance, CFC	10% C Other below))wner (specify	File 6. II	d (Month/Day/ ndividual or Jo eck Applicable Form filed Person	int/Group Filing Line) by One Reporting by More than One
Table I - Non-Derivative Securities Beneficially Owned									
1. Title of Security (Instr. 4)				2. Amount of Securities Beneficially Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Common Stock, \$0.01 par value				0	I	D			
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)									
E ((2. Date Exercisable and Expiration Date Month/Day/Year)		3. Title and Amount of S Underlying Derivative Se (Instr. 4)		rity Convers or Exerc		ise Form:	6. Nature of Indirect Beneficial Ownership (Instr.
		Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Price of Derivative Security		Direct (D) or Indirect (I) (Instr. 5)	5)

Explanation of Responses:

/s/ Robert Steinberg

07/10/2020 Date

** Signature of Reporting Person

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.

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