FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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 S | Section | n 30(h) | of the | Investm | ent Co | mpany Act | of 194 | 40 | | | | | | | | |
|---|-------------------------|--|--|--------------------------|--|-----------------|--|--------|--------------------------------------|--------|--|--------|-----------------|---|---------------|---|---|---|--|----------|--|
| 1. Name and Address of Reporting Person* LORBER HOWARD M | | | | | 2. Issuer Name and Ticker or Trading Symbol NATHANS FAMOUS INC [NATH] | | | | | | | | | Check all | | p of Reporting Person(s) to plicable) | | | | | |
| | | | | | | | | | | | | | | | | r (give title | | 10% O Other (| specify | | |
| (Last) (First) (Middle) | | | | | 3. Date of Earliest Transaction (Month/Day/Year) | | | | | | | | | A k | elow | ow) | | below) | | | |
| 70 EAST | 70 EAST SUNRISE HIGHWAY | | | | 02/ | 02/03/2005 | | | | | | | | | | | Chairma | an & | CEO | | |
| (Street) VALLEY | , . NY | 7 1 | 11580 | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | |
| STREAM | 1 | | 11360 | | | | | | | | | | | | | | filed by One | • | J | | |
| | | | | | | | | | | | | | | | | Perso | | ie iliai | п Опе кер | orting | |
| (City) | (St | ate) (. | Zip) | | | | | | | | | | | | | | | | | | |
| | | Tabl | e I - Nor | n-Deriv | ative | Se | curitie | s Ac | quirec | l, Dis | sposed o | f, or | Bene | eficia | ally Ov | vne | d | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | Exect Day/Year) if an | | execution f any | Deemed ecution Date, any onth/Day/Year) | | Transaction Disposed Code (Instr. 5) | | ties Acquired (A) d Of (D) (Instr. 3, 4 | | | 4 and Secur Benet | | ially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amount | | (A) or (D) | Price | _ Tr | ansad | ction(s) and 4) | | | (msu. 4) | |
| Common | Common Stock 02/03 | | | /2005 | | A | | 50,00 | 60,000 A | | \$ | 0 | 316,412 | | | D | | | | | |
| | | Та | | | | | | | | | osed of, onvertib | | | | y Own | ed | | | | | |
| 1. Title of Derivative Security (Instr. 3) | | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Da if any (Month/Day/Y | Date, | Date, Transaction Code (Instr | | | | 6. Date Expirat (Month | | 7. Title and Amount of Securities Underlying Derivative Security (Instrand 4) | | str. 3 | 8. Price Derivat Securit (Instr. 5 | ative (rity 5 | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Ownership Form: Direct (D) or Indirect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | or Nun of | | | | | | | | |

Explanation of Responses:

Remarks:

Howard Lorber

02/04/2005

** 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 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.