FORM 4

Instruction 1(b)

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to	STATEMENT OF CHANGES IN BENEFICIAL	<b>OWNERSHIP</b>
Section 16. Form 4 or Form 5		
obligations may continue. See		

**OMB APPROVAL** OMB Number: Estimated average burden hours per response: 0.5

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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 Address of Reporting Person  GENSON BRIAN S						NATHANS FAMOUS INC [ NATH ]								(Check all applicable)  X Director 10% Owner					
(Last) (First) (Middle) 6000 ISLAND BLVD.					Date o		iest Tran	saction (N	Лonth	/Day/Year)		Officer below)	(give title		Other (s below)	pecify			
(Street) AVENTURA FL 33160					4.	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     Form filed by More than One Reporting Person					
(City)	(S		(Zip)	n-Deri	ivativ	e Se	rurit	ties Ac	nuired	Die	snosed o	of or Re	neficial	ly Owner	<u> </u>				
1. Title of Security (Instr. 3)			2. Trans	action	action 2/ Pay/Year) if		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr.		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4		5. Amou Securitie Benefici Owned I	nt of es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)	Price	Reporte Transac (Instr. 3	tion(s)			Instr. 4)	
Common Stock 02/				02/05	5/2019	2019			M		16,117	1) A	\$33.43	8 33,361			D		
Common Stock			02/05	5/2019	2019			F		7,419	D	\$72.6	4 25	,942		D			
			Table II -								osed of, converti			Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	ed Date,	4. Transa Code ( 8)	ection	5. Number		6. Date Exercis Expiration Date (Month/Day/Yea		sable and te	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	e s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa	ıble	Expiration Date	Title	Amount or Number of Shares						
2010 Stock Incentive Plan (Right to	\$33.438	02/05/2019			M			16,117	(2)		08/05/2019	Common Stock	16,117	\$0	0		D		

## **Explanation of Responses:**

- 1. These shares were acquired through the exercise of stock options granted on August 6, 2014 pursuant to the Issuer's 2010 Stock Incentive Plan.
- 2. These options to purchase shares replaced options to purchase 15,149 shares at an exercise price of \$35.576, in connection with the special cash dividend of the Issuer and pursuant to Article IV(e) of the Issuer's 2010 Stock Incentive Plan, under which the Issuer's Compensation Committee has the authority to make appropriate provisions upon the Issuer's declaration of a special cash dividend. The original options vested 25% on each of the first through fourth anniversaries of August 6, 2014, the original grant date, and these replacement options have the same vesting terms and expiration date as the original grant.

/s/ Brian Genson

02/07/2019

\*\* 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.