FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
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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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* CAPORELLA JOSEPH G						2. Issuer Name and Ticker or Trading Symbol NATIONAL BEVERAGE CORP [FIZZ]									Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last) 8100 SW SUITE 4	V 10TH ST	,	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 12/16/2014 X Officer (give title Other (spe below) President											specify				
(Street) PLANTA (City)			33324 (Zip)		4.117	4. If Amendment, Date of Original Filed (Month/Day/Year)								Line	. Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day						Exed if ar	Deemed ecution Date, any onth/Day/Year)		Transaction Dis			Securities Acquired (posed Of (D) (Instr. 15)			Securit Benefic Owned	ies ially	6. Ownership Form: Direct (D) or Indirect (I)		7. Nature of Indirect Beneficial Ownership	
						Code	v	Amou		A) or D)	Price	Followi Reporte Transae (Instr. 3	ed ction(s)	(Instr	. 4)	(Instr. 4)				
COMMON STOCK 12/17/20						.014			X		2,20	00 ⁽¹⁾ A		\$0.0	365,600			D		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	on Date,	4. Transaci Code (In 8)		of Der Sec Acq (A) Disp of (I	nber ivative urities juired or posed	6. Date Ex Expiration (Month/Da	Date y/Yea	r)	7. Title of Secu Underly Derivati (Instr. 3	rities ving ve Sec and 4	mount	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly [10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisab		piration te	Title	of							
KEEP STOCK OPTION	\$0.01 ⁽²⁾	12/17/2014			X			2,200	07/24/201	3 07/	23/2017	COMMO		,200	\$0.01	100,000		D		

Explanation of Responses:

- 1. Securities were acquired by exercising certain options granted to the reporting person under the Company's Key Employee Equity Partnership Program ("KEEP") on July 24, 2007. Reference is made to the derivative security table and footnote 2 of this Form 4.
- 2. KEEP participants receive a grant equal to 50% of the number of shares of the Company's common stock purchased on the open market. KEEP options are granted at an initial exercise price of 60% of the purchase price of the shares acquired and such price is reduced to the par value of the Company's common stock over a six year vesting period. Reference is made to Exhibit 10.8 of the Company's Form 10-K for the year ended May 3, 2014.

<u>/s/ Joseph G. Caporella</u> <u>12/18/2014</u>

** 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.