FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|--|--|
| OMB Number: 3235-0 | | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| hours por response: | 0.5 | | | | | | | | |

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

| 1. Name and Address of Reporting Person* BRADEN GEORGE R (Last) (First) (Middle) ONE NORTH UNIVERSITY DRIVE BLDG A, 4TH FLOOR (Street) PLANTATION FL 33324 | | | | | 3. Da 03/2 | Issuer Name and Ticker or Trading Symbol NATIONAL BEVERAGE CORP [FIZ] In the second of Earliest Transaction (Month/Day/Year) O3/26/2004 If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6 | Relationship of Reporting Person(s) to Issuer Check all applicable) Director 10% Owner Officer (give title Other (specify below) below) Senior VP - Finance Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
|--|---|--|---|---------------------------------|-----------------|---|--|--------|-------------------|---|-----------------------------|---|---|---|--|-------------------------|---|--|
| (City) | (S | tate) (| Zip) | | | | | | | | | | | | | | | |
| | | Tab | le I - | Non-Deriv | ative | Sec | urit | ies Ac | quired, | Dis | sposed o | of, or Be | enefici | ally Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye | | | | /Year) i | Execution Date, | | | | | | ties Acquii I Of (D) (In | | ınd Secu | | For (D) Ind | m: Direct | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | Code | v | Amount | (A) o (D) | r Price | Repo | oorted nsaction(s) etr. 3 and 4) | | ,, | (| |
| Common Stock 03/26/200 | | | | 004 | 04 | | M | | 40,000 | 00 ⁽¹⁾ A \$1 | | 468 5 | 59,100(2) | | 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) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transac Code (II 8) | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivativ Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | ly | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership | | |
| | | | | | Code | v | (A) | (D) | Date Exercisal | | Expiration Date | Title | or Number of Shares | | | | | |
| Option (right to buy) | \$1.0468 | 03/26/2004 | | | M | | | 40,000 | 08/18/19 | 94 | 08/18/2004 | Common Stock | 40,000 | \$0 | 0 | | D | |

Explanation of Responses:

- 1. The reporting person elected to defer receipt of the shares of common stock issuable upon exercise of his options.
- $2. \ Includes \ 9,550 \ shares \ acquired \ in \ connection \ with \ a \ 100\% \ stock \ dividend \ on \ March \ 22, \ 2004.$

/s/ George Bracken 03/30/2004

** 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.