## FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
hours per 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 <sup>*</sup> CONLEE CECIL D						2. Issuer Name and Ticker or Trading Symbol NATIONAL BEVERAGE CORP [ FIZZ ]									elationship ck all applic C Directo	able)	ng Per	rson(s) to Is 10% Ov		
(Last)	`	(First) (Middle)			3. Date of Earliest Transaction (Month/Day/Year) 08/27/2014										Officer below)	(give title		Other (s below)	pecify	
8100 SW 10TH STREET SUITE 4000					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable Line)				
(Street) PLANTATION FL 33324														X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(S	State)	(Zip)																	
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day					Execution			Code (In	Transaction Dispos Code (Instr. and 5)		rities Acquired (A ed Of (D) (Instr. 3			5. Amou Securitio Benefici Owned Followin	es Form ially (D) o Indir		n:Direct of r I ect(I) (	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code	v	Amoun	unt (A) or F		Price	Reporte Transac (Instr. 3	d tion(s)	(Instr. 4)		insu. 4)		
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 (Ir 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amoun of Securities Underlying Derivative Security (Instr. 3 and 4)		ecurity	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership	
					Code	v	(A)	(D)	Date Exercisabl		piration ate	Title		Amount or Number of Shares						
SPECIAL STOCK	\$18.38 <sup>(1)</sup>	08/27/2014			А		12,000		(1)	08	8/28/2024	COMN STO		12,000	(1)	31,00	0	D		

#### Explanation of Responses:

1. Options granted under the Company's Special Stock Option Plan vest over an eight year period in relatively equal amounts at approximately 16 month intervals. The exercise price can be reduced and the vesting schedule can be accelerated by the optione purchasing and maintaining ownership of shares of common stock and/or the Company achieving performance objectives as determined by the Board of Directors (the "Board"). Based upon the maximum required ownership of common stock as provided in the Stock Option Agreement, together with the Company achieving the performance targets previously established by the Board, the option can fully vest after approximately 64 months and the exercise price can be reduced to near the par value of the common stock (\$.01 per share). Reference is made to Exhibit 10.6 of the Company's Form 10-K for the year ended May 3, 2014.

#### /s/ Cecil D. Conlee

\*\* Signature of Reporting Person

08/29/2014

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.