## 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> HATHORN SAMUEL C						2. Issuer Name and Ticker or Trading Symbol NATIONAL BEVERAGE CORP [ FIZZ ]									ck all appli	tionship of Reporting Pe all applicable) Director		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)	(5	itate)	(Zip)																	
		Tab	le I - N	lon-Deriv	ative \$	Sec	urities	s Ac	quired, l	Disp	osed (	of, or	Bene	eficiall	y Owned	1				
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day					Execution Date			Transaction Dispo Code (Instr. and 5)			urities Acquired (A) sed Of (D) (Instr. 3, 4			5. Amou Securiti Benefici Owned Followi	es ally	Form (D) o Indir	n:Direct	7. Nature of Indirect Beneficial Ownership Instr. 4)		
									Code	v	Amoun	nt (A) or (D) F		Price	Reporte Transac (Instr. 3	d tion(s)	(Instr. 4) (		insu. 4)	
			Tabl						quired, Di s, options		,				vned					
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. Transactio Code (Instr 8)		on of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amouni 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)		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		15,000		(1)	08	/27/2024	COMN STOO		15,000	(1)	48,74	5	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.

#### <u>/s/ Samuel C. Hathorn, Jr.</u> <u>08/29/2014</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.