FORM 3

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

(CHANGE COMMISSION OMB APPROVAL OMB Number: 3235-0104

Estimated average burden hours per response: 0.5

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

CONLEE CECIL D			2. Date of Event Requiring Stater Month/Day/Yea	ment	3. Issuer Name and Ticker or Trading Symbol NATIONAL BEVERAGE CORP [ FIZZ ]						
(Last)	(First)		1/14/2009	· [	(Check	tionship of Reporting Pers all applicable)	, ,	(Mo	5. If Amendment, Date of Original Filed (Month/Day/Year)		
8100 SW 10TH STREET SUITE 4000					X	Director Officer (give title below)	10% Owner Other (spe below)	ecify App	6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person		
(Street) PLANTATIO (City)	N FL (State)	33324 (Zip)								y More than One erson	
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)						ally Owned (Instr. 4)	1		4. Nature of Indirect Beneficial Ownership (Instr. 5)		
COMMON STOCK						3,840(1)	D				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
1. Title of Derivative Security (Instr. 4)  2. Date Exercisable a Expiration Date (Month/Day/Year)  Date Expiration Date Expiration Date Expiration Date Expiration Date Expiration Date Expiration Date			ite	3. Title and Amount of Secur Underlying Derivative Secur 4)			4. Conversion or	5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
				Expiration Date	n Title	,	Amount or Number of Shares	Exercise Price of Derivative Security	Direct (D) or Indirect (I) (Instr. 5)		

## Explanation of Responses:

1. Shares held since 1991 dividend distribution

<u>/s/ Cecil D. Conlee</u> <u>04/16/2009</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 5 (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.