DALLAS

(City)

ΤХ

(State)

75201

(Zip)

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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).

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 [*] <u>NEWCASTLE PARTNERS L P</u>				Name and Ticker or <u>INN INC /M</u>			5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner				
(Last) 200 CRESCEI STE 1400	(First) NT COURT	(Middle)	3. Date of 04/05/20	Earliest Transactio	n (Month/Day/	Year)		Officer (give title below) see attached		er (specify ow) n	
(Street) DALLAS TX 75201			4. If Amer	idment, Date of Orig	nth/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person X Form filed by More than One Reporting Person					
(City)	(State)	(Zip)									
		Table I - Nor	n-Derivative S	ecurities Acq	uired, Disp	osed of, or Beneficial	lly Ow	ned			
1. Title of Securi	ty (Instr. 3)		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 ar		5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct or Indirect (I) (Instr. 4)		

					T			Transaction(s)	4 /	(Instr. 4)
			Code	v	Amount	(A) or (D)	Price	(Instr. 3 and 4)		(1150.4)
Common Stock	04/05/2010		J ⁽¹⁾		143,584	D	\$ <mark>0</mark>	2,086,482	D ⁽²⁾⁽³⁾	
Table II. Derivative Converting Annulated Dispersed of an Deveticially Council										

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

			(e.g.	, puts	, call	s, warı	ants, o	options, co	onvertible	e securitie	s)				
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. Transaction Code (Instr. 8)		5. Num Derivat Securit Acquire or Disp (D) (Ins and 5)	ive ies	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 Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)		
1. Name and Addr NEWCAST		-													
(Last) 200 CRESCEN STE 1400	(Firs IT COURT	st)	(Middle)												
(Street) DALLAS	ТХ		75201												
(City)	(Sta	te)	(Zip)												
1. Name and Addr NEWCAST	•	ing Person [*] TAL MANA	GEMENT LP												
(Last) 200 CRESCEN STE 1400	(Firs IT COURT	st)	(Middle)												
(Street) DALLAS	ТХ		75201												
(City)	(Sta	te)	(Zip)												
1. Name and Addr	ess of Reporti LE CAPI	ing Person [*] TAL GROUP	LLC												
(Last) 200 CRESCEN STE 1400	(Firs IT COURT	st)	(Middle)												
(Street)															

1. Name and Address of SCHWARZ MA		
(Last)	(First)	(Middle)
200 CRESCENT C	COURT	
STE 1400		
(Street)		
DALLAS	TX	75201
(City)	(State)	(Zip)
1. Name and Address of <u>Coleman Clinto</u>		
(Last)	(First)	(Middle)
C/O NEWCASTLE	E CAPITAL MAN	AGEMENT, L.P.
200 CRESCENT C	OURT, SUITE 14	00
(Street)		
DALLAS	TX	75201
(City)	(State)	(Zip)
1. Name and Address of HALLMARK I		ERVICES INC
(Last)	(First)	(Middle)
777 MAIN STREE	Т	
STE 1000		
(Street)		
FORT WORTH	ТХ	76102
(City)	(State)	(Zip)
1. Name and Address of	of Reporting Person*	
	ALLMARK IN	ISURANCE Co OF
<u>TEXAS</u>		
(Last)	(First)	(Middle)
777 MAIN STREE	T, SUITE 1000	
(Street)		
FORT WORTH	TX	76102
(City)	(State)	(Zip)

Explanation of Responses:

1. Constitutes a distribution of shares to withdrawing partners of NP as of March 31, 2010.

1. Constitutes a distribution of shares to windrawing partners of NP as of March 31, 2010. 2. The Reporting Persons are members of a "group" for purposes of Section 13(d) group the section the section 13(d) group the section the section 13(d) group the section the sect

3. NCM is the general partner of each of NP. NCG is the general partner of NCM, and Schwarz is the managing member of NCG. Accordingly, each of NCM, NCG and Schwarz may be deemed to beneficially own the shares directly owned by NP. In addition, NCM may be deemed to beneficially own a controlling interest in Hallmark, and Hallmark is the parent company of AHIC. Accordingly, each of NCM, NCG, Schwarz and Hallmark may be deemed to beneficially own the shares directly owned by AHIC.

Newcastle Partners, L.P., By: Newcastle Capital Management, L.P., its general partner, By: Newcastle Capital Group, L.L.C. its general partner, By: /s/ Mark E. Schwarz, its managing member	<u>04/07/2010</u>
Newcastle Capital Management, L.P., its general partner, By: Newcastle Capital Group, L.L.C. its general partner, By: /s/ Mark E. Schwarz, its managing member	<u>04/07/2010</u>
<u>Newcastle Capital Group, L.L.C.</u> <u>its general partner, By: /s/ Mark E.</u> <u>Schwarz, its managing member</u>	04/07/2010
/s/ Mark E. Schwarz	04/07/2010
/s/ Clinton J. Coleman	04/07/2010
Hallmark Financial Services, Inc.	04/07/2010

American Hallmark Insurance Co. 04/07/2010

Date

** Signature of Reporting Person

of Texas

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.