FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVA
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## 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

Name and Address of Reporting Person*     Odachowski Jack			2. Date of Event Requiring Statement (Month/Day/Year) 09/06/2005	3. Issuer Name and Ticker or Trading Symbol PIZZA INN INC /MO/ [ PZZI ]						
(Last) 3551 PLANO PA	(First)	(Middle)			ionship of Reporting Person(s) all applicable) Director Officer (give title below)	10% Owner Other (specify below)		nendment, Date of Original Filed /Day/Year)		
(Street) THE COLONY (City)	TX (State)	75056 (Zip)			Vice President			idual or Joint/Group Filing (Check ible Line) Form filed by One Reporting Person Form filed by More than One Reporting Person		

## Table I - Non-Derivative Securities Beneficially Owned

·· ······ ·· · · · · · · · · · · · ·	Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
		indirect (i) (instr. 5)	

## Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)			3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		Conversion or Exercise	Form: Direct (D) or	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Price of Indirect (I) Derivative Security		

Explanation of Responses:

Remarks:

No securities are beneficially owned.

/s/ Jack Odachowski

\*\* Signature of Reporting Person

09/08/2005

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).