FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB A	PPR	O\	/AI
-------	-----	----	-----

OMB Number:	3235-0287
Estimated average burden	
hours per response:	0.5

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* GIER RANDALL E.			2. Issuer Name and Ticker or Trading Symbol PIZZA INN HOLDINGS, INC /MO/ [PZZI]		ionship of Reporting Person(s all applicable) Director Officer (give title	10% Owner Other (specify
(Last) 3551 PLANO PAR	(First) KWAY	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 03/27/2014		President & C.	below) EO
(Street) THE COLONY	TX	75056	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individ	dual or Joint/Group Filing (Ch Form filed by One Reportin Form filed by More than On	g Person
(City)	(State)	(Zip)			, dd 2,d ad	e reperang research

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Transaction Code (Instr.		4. Securities Ac Disposed Of (D			Securities	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	v	Amount	(A) or (D)	Price	(Instr. 3 and 4)		(IIISU. 4)
Common Stock	03/27/2014		P		15,000	A	\$5.63	45,000	D	

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)		Derivative		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)		
Employee Stock Option (right to buy)	\$8.16 ⁽¹⁾	03/27/2014		A		15,000		(1)	11/08/2022	Common Stock	15,000	(1)	15,000	D	
Employee Stock Option (right to buy)	\$2.56							(2)	11/08/2022	Common Stock	230,000		230,000	D	
Employee Stock Option (right to buy)	\$2.56 ⁽³⁾							(3)	11/08/2022	Common Stock	45,200		120,000	D	

Explanation of Responses:

- 1. Represents employee stock options conditionally granted on November 6, 2013, and exercisable as to 10%, 20%, 30% and 40% of shares on November 6, 2014, 2015, 2016 and 2017, respectively
- $2. \ Represents\ employee\ stock\ options\ exercisable\ as\ to\ 23,000,\ 46,000,\ 69,000\ and\ 92,000\ shares\ on\ November\ 8,\ 2013,\ 2014,\ 2015\ and\ 2016,\ respectively.$
- 3. Represents employee stock options conditionally granted on November 8, 2012, and exercisable as to 10%, 20%, 30% and 40% of shares on November 8, 2013, 2014, 2015 and 2016, respectively.

Remarks:

Steven D. Davidson as Attorney-In-Fact for Randall E. Gier

03/31/2014

** 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.