FORM 4

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

Washington, D.C. 20549

OMB A	<b>PPF</b>	ROVAL
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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(b) of the Investment Company Act of 1940

			or deduction of the investment company rice of 1040				
1. Name and Address of Reporting Person*  AMERICAN HALLMARK INSURANCE CO OF TEXAS			2. Issuer Name <b>and</b> Ticker or Trading Symbol PIZZA INN INC /MO/ [ PZZI ]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  Officer (give title below)  Other (specify below)			
(Last) 777 MAIN STRE	(First) ET, SUITE 10	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 01/28/2010	see attached explanation			
(Street) FORT WORTH	TX	76102	4. If Amendment, Date of Original Filed (Month/Day/Year)	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 - Non-De	rivative Securities Acquired, Disposed of, or Beneficia	ally 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 Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			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	01/28/2010		P		6,800	A	\$1.65	476,984	D <sup>(1)(2)</sup>	

## 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)	Transaction Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		Securities Underlying		Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported	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)		

		Code	v
1. Name and Address  AMERICAN F  TEXAS		SURANCE Co OF	
(Last) 777 MAIN STREI	(First) ET, SUITE 1000	(Middle)	
(Street) FORT WORTH	TX	76102	
(City)	(State)	(Zip)	
(Last) 200 CRESCENT ( STE 1400	(First)	(Middle)	
(Street) DALLAS	TX	75201	
(City)	(State)	(Zip)	
1. Name and Address  NEWCASTLE	of Reporting Person*	OUP LLC	
(Last)	(First)	(Middle)	
200 CRESCENT O STE 1400	COURT		
(Street) DALLAS	TX	75201	
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(City)	(State)	(Zip)				
1. Name and Address of Reporting Person* HALLMARK FINANCIAL SERVICES INC						
(Last) 777 MAIN STREET STE 1000	(First)	(Middle)				
(Street) FORT WORTH	TX	76102				
(City)	(State)	(Zip)				
1. Name and Address of R SCHWARZ MAR						
(Last) 200 CRESCENT COUSTE 1400	(First) URT	(Middle)				
(Street) DALLAS	TX	75201				
(City)	(State)	(Zip)				
1. Name and Address of R Coleman Clinton						
(Last) C/O NEWCASTLE C 200 CRESCENT COU	(First) CAPITAL MANAGEMI URT, SUITE 1400	(Middle) ENT, L.P.				
(Street) DALLAS	TX	75201				
(City)	(State)	(Zip)				
1. Name and Address of Reporting Person* NEWCASTLE PARTNERS L P						
(Last) 200 CRESCENT COU STE 1400	(First) URT	(Middle)				
(Street) DALLAS	TX	75201				
(City)	(State)	(Zip)				

## Explanation of Responses:

<sup>2.</sup> 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, Hallmark is the parent company of AHIC and, accordingly, may be deemed to beneficially own the shares directly owned by AHIC.

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American Hallmark Insurance Company of Texas	02/01/2010
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	02/01/2010
Newcastle Capital Group, L.L.C. its general partner, By: /s/ Mark E. Schwarz, its managing member	02/01/2010
Hallmark Financial Services, Inc.	02/01/2010
/s/ Mark E. Schwarz	02/01/2010
/s/ Clinton J. Coleman	02/01/2010
Newcastle Partners, L.P., By:	02/01/2010
Newcastle Capital Management, L.P., its general partner, By: Newcastle Capital Group, L.L.C.	

<sup>1.</sup> Purchase made by American Hallmark Insurance Company of Texas (AHIC). The Reporting Persons are members of a "group" for purposes of Section 13d3 of the Securities Exchange Act of 1934, as amended and accordingly may be deemed to beneficially own Shares of the Issuer's Common Stock owned in the aggregate by the other members of the Section 13d group. The Section 13d group consists of Newcastle Partners LP (NP), Newcastle Capital Management LP (NCM), Newcastle Capital Group LLC (NCG), Hallmark Financial Services Inc. (Hallmark), AHIC, Mark E. Schwarz and Clinton J. Coleman. Each Reporting Person disclaims beneficial ownership of the shares of the Issuer's Common Stock owned by the other members of the Section 13d group except to the extent of its pecuniary interest therein.

its general partner, By: /s/ Mark E. Schwarz, its managing member

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  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.