## SEC Form 4

## FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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							<u>`</u>	,			1								
1. Name and Address of Reporting Person* JOHNSON STEVEN MICHAEL						2. Issuer Name and Ticker or Trading Symbol <u>PIZZA INN INC /MO/</u> [ PZZI ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner				
	01.012														Director	ſ		10% O\	wner
(Last) (First) (Middle) 3551 PLANO PARKWAY					3. Date of Earliest Transaction (Month/Day/Year) 06/08/2011									Officer ( below)	(give title		Other (: below)	specify	
					4. If	Amen	dment	, Date	of Original F	-iled (	Month/D	ay/Year)			lividual or Jo	oint/Group	Filing	(Check App	olicable
(Street)														Line)	Eorm fil	ed by One	Reno	orting Perso	n
THE COI	LONY TX	[ 7	75056															One Report	
(City)	(Sta	ate) (	(Zip)												F erson				
		Tab	le I - Noi	ו-Deri	vative	e Sec	uriti	es A	cquired,	Disp	osed	of, or B	enefi	cially	Owned				
1. Title of Security (Instr. 3) Date (Month/				Day/Year) i		2A. Deemed Execution Date if any (Month/Day/Yea		Code (Instr.				4 and Securitie Benefici Owned F		s Illy ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) (D)	or P	rice	Reported Transacti (Instr. 3 a	ion(s)			(Instr. 4)
Common Stock 06/08				8/201	/2011			Р		432	432 A		\$2. <mark>28</mark>	30,432			D		
	1			(e.g., p					quired, D s, option	s, co	onvert	ible sec	curiti	es)					1
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any	Date,	4. Transaction Code (Instr. 8)				6. Date Exercisa Expiration Date (Month/Day/Year		ole and	7. Title and Amou of Securities Underlying Deriva Security (Instr. 3 a 4)		ount	8. Price of Derivative		ve es ally Ig d tion(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
			(Month/Da	y/Year)	Code ( 8)	Instr.	Secu Acqu (A) o Disp of (D (Insti	rities lired r osed ) 1. 3, 4				Underlyi Security	ng Deri		Security (Instr. 5)	Securitie Beneficia Owned Following Reported Transacti	ally g	Direct (D) or Indirect	Beneficial Ownershi (Instr. 4)
				y/Year)		Instr.	Secu Acqu (A) o Disp of (D (Insti	rities lired r osed ) 1. 3, 4		/Year)	piration	Underlyi Security	ng Deri (Instr. 3 An or Nu of	3 and nount imber	Security	Securitie Beneficia Owned Following Reported Transacti	ally g	Direct (D) or Indirect	Beneficial Ownershi (Instr. 4)
DIRECTOR STOCK OPTIONS (Right to Buy)	\$1.9			y/Year)	8)		Secu Acqu (A) o Disp of (D (Insti and S	rities iired r osed ) r. 3, 4 5)	(Month/Day	(Year) EX	piration	Underlyi Security 4)	An OFFE	3 and nount imber	Security	Securitie Beneficia Owned Following Reported Transacti	ally g ion(s)	Direct (D) or Indirect	Beneficial Ownershi (Instr. 4)
STOCK OPTIONS (Right to	\$1.9			y/Year)	8)		Secu Acqu (A) o Disp of (D (Insti and S	rities iired r osed ) r. 3, 4 5)	(Month/Day Date Exercisable	/Year) Exi Da 06/	piration te	Underlyi Security 4) Title	An Ar	3 and nount imber iares	Security	Securitie Beneficia Owned Following Reported Transacti (Instr. 4)	ally g ion(s)	Direct (D) or Indirect (I) (Instr. 4)	Beneficia Ownershi (Instr. 4)

Explanation of Responses:

**Remarks:** 

## Charles R. Morrison as Attorney-In-Fact for Steven

Michael Johnson

06/13/2011

\*\* 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.