Edgar Filing: Mayer Kevin E. - Form 4

Form 4	E.										
July 31, 2018 FORM Check this if no longe subject to Section 16	box sTATEM	Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF								OMB APPROVAL OMB 3235-028 Number: January 31 Expires: January 31 200 Estimated average burden hours per	
Form 4 or Form 5 obligations may contin <i>See</i> Instruct 1(b).	Section 17(a	Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940									
(Print or Type Re	esponses)										
1. Name and Address of Reporting Person <u>*</u> Mayer Kevin E.			2. Issuer Name and Ticker or Trading Symbol				g	5. Relationship of Reporting Person(s) to Issuer			
		BJs RESTAURANTS INC [BJRI]					(Check all applicable)				
(Last) (First) (Middle) 7755 CENTER AVENUE, SUITE 300			3. Date of Earliest Transaction(Month/Day/Year)07/30/2018					Director 10% Owner X Officer (give title Other (specify below) below) ExecVP/Chief Marketing Officer			
		4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person				
HUNTINGT	ON BEACH, CA	92647						Form filed by N Person	More than One Re	eporting	
(City)	(State) (Zip)	Table	I - Non-D	erivative S	Securi	ties Acc	quired, Disposed of	f, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deeme Execution I any (Month/Da	Date, if	Code (Instr. 8)	4. Securit on(A) or Di (D) (Instr. 3,	spose	d of	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common Stock	07/30/2018	07/30/20	18	F	299	D	\$ 60.9	5,200	D		

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

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned
 (e.g., puts, calls, warrants, options, convertible securities)

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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. Transact Code (Instr. 8)	5. ionNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Date	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	7 (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships							
55 CENTER AVENUE ITE 300 JNTINGTON BEACH, CA 92647 Gnatures Jacob J. Guild, Attorney-in-Fact fo	Director	10% Owner	Officer	Other				
Mayer Kevin E. 7755 CENTER AVENUE SUITE 300 HUNTINGTON BEACH, CA 92647			ExecVP/Chief Marketing Officer					
Signatures								
/s/ Jacob J. Guild, Attorney-in-Fact fo Mayer	r Kevin E	2.	07/31/2018					
<u>**</u> Signature of Reporting Person			Date					
Explanation of Respo	nses	:						

* 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. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.