

ALEXANDERS J CORP  
 Form 3  
 September 25, 2012

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL  
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**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

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 Responses)

1. Name and Address of Reporting Person *			2. Date of Event Requiring Statement	3. Issuer Name and Ticker or Trading Symbol	
Fidelity National Financial, Inc.			(Month/Day/Year)	ALEXANDERS J CORP [JAX]	
(Last)	(First)	(Middle)		4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
601 RIVERSIDE AVENUE, A				(Check all applicable)	6. Individual or Joint/Group Filing(Check Applicable Line)
(Street)				____ Director	<input checked="" type="checkbox"/> 10% Owner
JACKSONVILLE, A FL A 32204				____ Officer	____ Other
(City)	(State)	(Zip)		(give title below)	(specify below)
					____ Form filed by One Reporting Person
					<input checked="" type="checkbox"/> Form filed by More than One Reporting Person

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock, par value \$0.05 per share	4,451,627 <sup>(1)</sup>	I	By New Athena Merger Sub Inc. <sup>(2)</sup>

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

SEC 1473 (7-02)

**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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative	5. Ownership Form of Derivative Security:	6. Nature of Indirect Beneficial Ownership (Instr. 5)
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Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Security	Direct (D) or Indirect (I) (Instr. 5)
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## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Fidelity National Financial, Inc. 601 RIVERSIDE AVENUE JACKSONVILLE, FL 32204	^	^ X	^	^
Fidelity National Special Opportunities, Inc. C/O FIDELITY NAT'L.INFO.SERVICES, INC. 601 RIVERSIDE AVENUE JACKSONVILLE, FL 32204	^	^ X	^	^
New Athena Merger Sub, Inc. C/O FIDELITY NATIONAL FINANCIAL, INC. 601 RIVERSIDE AVENUE JACKSONVILLE, FL 32204	^	^ X	^	^

## Signatures

FIDELITY NATIONAL FINANCIAL, INC. By: /s/ Michael L. Gravelle Executive Vice President, General Counsel and Corporate Secretary	09/25/2012
__Signature of Reporting Person	Date
FIDELITY NATIONAL SPECIAL OPPORTUNITIES, INC. By: /s/ Michael L. Gravelle, Executive Vice President, General Counsel and Corporate Secretary	09/25/2012
__Signature of Reporting Person	Date
NEW ATHENA MERGER SUB, INC. By: /s/ Michael L. Gravelle, Executive Vice President, General Counsel and Corporate Secretary	09/25/2012
__Signature of Reporting Person	Date

## Explanation of Responses:

- \* If the form is filed by more than one reporting person, *see* Instruction 5(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).
- (1) Reflects shares purchased in a tender offer.
- (2) The shares are held by New Athena Merger Sub, Inc. ("New Athena"). New Athena is a direct, wholly-owned subsidiary of Fidelity National Special Opportunities, Inc. ("FNSO"). FNSO is a direct, wholly-owned subsidiary of Fidelity National Financial, Inc. ("Parent"). The shares may also be deemed to be indirectly beneficially owned by Parent and FNSO.

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.