## Edgar Filing: SONIC CORP - Form 4

SONIC CODD

Form 4												
February 02, 2015		FATES	S SECURITIES AND EXCHANGE COMMISSION									
Check this box	Washington, D.C. 20549							Number: Expires:	3235-0287 January 31,			
if no longer subject to Section 16. Form 4 or	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHI SECURITIES						NERSHIP OF	Estimated a	Estimated average burden hours per			
Form 5 obligations may continue. See Instruction 1(b). Filed pursuant to Section 16(a) of the Securities Exchange Act of 193 Section 17(a) of the Public Utility Holding Company Act of 1935 or Sec 30(h) of the Investment Company Act of 1940							f 1935 or Sectio	on				
(Print or Type Response	ses)											
1. Name and Address of Reporting Person * Budd John H III (Last) (First) (Middle) 300 JOHNNY BENCH DRIVE			<ol> <li>Issuer Name and Ticker or Trading Symbol</li> <li>SONIC CORP [SONC]</li> <li>Date of Earliest Transaction (Month/Day/Year)</li> <li>01/29/2015</li> </ol>				5	5. Relationship of Reporting Person(s) to Issuer				
								(Check all applicable)				
								Director 10% Owner X Officer (give title Other (specify below) Senior Vice President				
(Street)			4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check				
Filed(Mont OKLAHOMA CITY, OK 73104				d(Month/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City) (S	tate) (Z	ip)	Table	I - Non-De	erivative S	ecurit	ties Aco	quired, Disposed o	f, or Beneficial	lly Owned		
	ansaction Date nth/Day/Year)	Execution any		3. Transactio Code (Instr. 8)	Disposed (Instr. 3, 4	(A) of of (D) 4 and (A) or	) 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Stock				Code V	Amount	(D)	Price	0	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. Transactic Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amoun Underlying Securiti (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amou or Numb of Sha
Incentive Stock Option (right to buy)	\$ 31.29	01/29/2015		А	3,195	<u>(1)</u>	01/29/2022	Common Stock	3,19
Non-qualified Stock Option (right to buy)	\$ 31.29	01/29/2015		А	15,176	<u>(1)</u>	01/29/2022	Common Stock	15,1

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
1 0	Director	10% Owner	Officer	Other			
Budd John H III 300 JOHNNY BENCH DRIVE OKLAHOMA CITY, OK 73104			Senior Vice Pre	esident			
Signatures							
Carolyn C. Cummins for John H. Budd III		02/02/2015					
**Signature of Reporting Person		Date	;				

## **Explanation of Responses:**

\* 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).

(1) One-third of the total number of options granted on January 29, 2015 will vest on each of the first three anniversary dates following the date of grant.

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.