

CHECKERS DRIVE IN RESTAURANTS INC /DE

Form 4

December 06, 2001

BUSINESS ADDRESS:

STREET 1: L300 WEST CYPRESS STREET, SUITE 600

CITY: TAMPA

STATE: FL

ZIP: K3607

BUSINESS PHONE: 8132837000

MAIL ADDRESS:

STREET 1: L300 WEST CYPRESS STREET, SUITE 600

CITY: TAMPA

STATE: FL

ZIP: K3607

STATEMENT FOR MONTH/YEAR: NOVEMBER 2001

COMPANY DATA:

COMPANY CONFORMED NAME: CLARENCE MCKEE

CENTRAL INDEX KEY: H001094660

STANDARD INDUSTRIAL CLASSIFICATION:

RELATIONSHIP: DIRECTOR

FILING VALUES:

FORM TYPE: L

BUSINESS ADDRESS:

STREET 1: L300 WEST CYPRESS STREET

STREET 2: SUITE 600

CITY: TAMPA

STATE: FL

ZIP: K3607

MAIL ADDRESS:

STREET 1: J701 N. ROCKY POINT DRIVE

STREET 2: SUITE 630

CITY: TAMPA

STATE: FL

ZIP: K3607

Table I Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| Title of Non-Derivative Security | Transaction Date | Transaction Code | Security Amount | Securities Acquired/ Disposed (A/D) | Securities Price | Amount Beneficially Owned at End of the Month | Ownership Direct or Indirect | Nature of Indirect Beneficial Ownership |
|----------------------------------|------------------|------------------|-----------------|-------------------------------------|------------------|-----------------------------------------------|------------------------------|-----------------------------------------|
| Common Stock | 11/28/01 | S | 10,000 | D | \$5.9000 | 4,183 | | |
| | | | | | | | | |

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

| Version Exercise Date | Transaction Date | Transaction Code | Securities Acquired/ Disposed | Date Exercisable | Expiration Date | Title | Number of Shares | Price of Security | Number Beneficially Owned End of Month | Ownership Direct or Indirect |
|-----------------------|------------------|------------------|-------------------------------|------------------|-----------------|-------|------------------|-------------------|----------------------------------------|------------------------------|
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

Explanation of Responses:

Signature of Reporting Person Date