## Edgar Filing: SMOLYANSKY EDWARD - Form 4

| SMOLYANS  | SKY EDWARD   |                 |                                |  |                                       |         |   |  |  |                                  |  |  |
|---|--|-----------------|--------------------------------|--|---------------------------------------|---------|---|--|--|----------------------------------|--|--|
| Form 4  |  |                 |                                |  |                                       |         |   |  |  |                                  |  |  |
| September 0   | 9, 2009  |                 |                                |  |                                       |         |   |  |  |                                  |  |  |
| FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION |  |                 |                                |  |                                       |         |   |  | OMB AF   | OMB APPROVAL                     |  |  |
|   | UNITED STATES SECURITIES AND EXCHANGE COMMISSION<br>Washington, D.C. 20549 |                 |                                |  |                                       |         |   | COMMISSION   | OMB<br>Number:   | 3235-0287<br>January 31,<br>2005 |  |  |
| Check the   |  | <b>e</b> ,      |                                |  |                                       |         |   |  | Expires:   |                                  |  |  |
| subject to <b>STATEMENT OF CHAN</b>                     |  |                 |                                | GES IN BENEFICIAL OWN  |                                       |         |   | NERSHIP OF   |  |                                  |  |  |
| Section 1   |  | SE              |                                |  |                                       |         |   |  | Estimated average burden hours per                                   |                                  |  |  |
| Form 4 o  | r  |                 |                                |  |                                       |         |   | response 0.5   |  |                                  |  |  |
| Form 5<br>obligation                                    | • · · · ·  |                 |                                |  |                                       |         | -   | e Act of 1934,   |  |                                  |  |  |
| may cont  |  |                 |                                | •  | •                                     | · ·     |   | 1935 or Section  | n  |                                  |  |  |
| See Instru<br>1(b).                                     |  | 30(h)           | of the In                      | vestment   | Compan                                | y Act   | t of 194                                  | 40   |  |                                  |  |  |
| (Print or Type F  | Responses)   |                 |                                |  |                                       |         |   |  |  |                                  |  |  |
| SMOLYANSKY EDWARD Symbol                                |  |                 |                                | suer Name <b>and</b> Ticker or Trading<br>ol<br>WAY FOODS INC [LWAY] |                                       |         |   | 5. Relationship of Reporting Person(s) to<br>Issuer<br>(Check all applicable)                  |  |                                  |  |  |
|   |  |                 |                                |  |                                       |         |   |  |  |                                  |  |  |
| (Month/D  |  |                 |                                | n/Day/Year)  |                                       |         | Director 10% Owner                        |  |  |                                  |  |  |
|   | AY FOODS, IN   | C., 6431        | 09/04/20                       | 009  |                                       |         |   | X_ Officer (give below)  | title Other below)   | er (specify                      |  |  |
| W OAKTO   | N STREET   |                 |                                |  |                                       |         |   | · · · · · · · · · · · · · · · · · · ·  | O, Treasurer   |                                  |  |  |
| (Street) 4. If Ame                                      |  |                 | 4. If Ame                      | endment, Date Original   |                                       |         | 6. Individual or Joint/Group Filing(Check |  |  |                                  |  |  |
| Filed(Mon   |  |                 |                                | Ionth/Day/Year)  |                                       |         |   | Applicable Line)   |  |                                  |  |  |
|   |  |                 |                                |  |                                       |         |   | _X_ Form filed by C<br>Form filed by M   |  |                                  |  |  |
| MORTON (  | GROVE, IL 6005   | 53              |                                |  |                                       |         |   | Person   | fore than one Re   | porting                          |  |  |
| (City)  | (State)  | (Zip)           | Tabl                           | e I - Non-D  | erivative                             | Securi  | ities Acq                                 | uired, Disposed of   | , or Beneficial  | ly Owned                         |  |  |
| 1.Title of<br>Security<br>(Instr. 3)                    | 2. Transaction Date<br>(Month/Day/Year)                                    | Executio<br>any | ned<br>n Date, if<br>Day/Year) | 3.<br>Transactio<br>Code<br>(Instr. 8)                               | 4. Securi<br>n(A) or Di<br>(Instr. 3, | isposed | d of (D)                                  | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s) | 6. Ownership<br>Form: Direct<br>(D) or<br>Indirect (I)<br>(Instr. 4) |                                  |  |  |
|   |  |                 |                                | Code V   | Amount                                | (D)     | Price                                     | (Instr. 3 and 4)   |  |                                  |  |  |
| Common  |  |                 |                                |  |                                       |         | \$  |  |  |                                  |  |  |
| stock, no   | 09/04/2009   |                 |                                | S  | 500                                   | D       | φ<br>12.15                                | 346,246  | D  |                                  |  |  |

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

par value

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)

| 1. Title of<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | 4.<br>Transact<br>Code<br>(Instr. 8) | 5.<br>iorNumber<br>of<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3,<br>4, and 5) |                     |                    | Amou<br>Unde<br>Secur | le and<br>ant of<br>rlying<br>ities<br>. 3 and 4) | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Nu<br>Deriv<br>Secu<br>Bene<br>Owna<br>Follo<br>Repo<br>Trans<br>(Instr |
|---|---|---|---|--------------------------------------|--|---------------------|--------------------|-----------------------|---|---|--|
|   |   |   |   | Code V                               | . ,  | Date<br>Exercisable | Expiration<br>Date | Title                 | Amount<br>or<br>Number<br>of<br>Shares            |   |  |

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## **Reporting Owners**

| Reporting Owner Name / Add  | ress       | Relationships |                |       |  |  |  |  |
|---|------------|---------------|----------------|-------|--|--|--|--|
|   | Director   | 10% Owner     | Officer        | Other |  |  |  |  |
| SMOLYANSKY EDWAR<br>C/O LIFEWAY FOODS, I<br>6431 W OAKTON STREE<br>MORTON GROVE, IL 600 | NC.<br>T   |               | CFO, Treasurer |       |  |  |  |  |
| Signatures  |            |               |                |       |  |  |  |  |
| /s/ Edward<br>Smolyansky  | 09/09/2009 |               |                |       |  |  |  |  |
| **Signature of Reporting<br>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).

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.