

GOOD TIMES RESTAURANTS INC
 Form 3
 October 19, 2016

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

OMB APPROVAL

OMB Number: 3235-0104
 Expires: January 31, 2015
 Estimated average burden hours per response... 0.5

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 * DELTA PARTNERS LP (Last) (First) (Middle) ONE INTERNATIONAL PLACE, SUITE 2401 (Street) BOSTON, MA 02110 (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 10/13/2016	3. Issuer Name and Ticker or Trading Symbol GOOD TIMES RESTAURANTS INC [gtim]	4. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input type="checkbox"/> Director <input type="checkbox"/> Officer (give title below)	5. If Amendment, Date Original Filed(Month/Day/Year) <input checked="" type="checkbox"/> 10% Owner <input type="checkbox"/> Other (specify below)	6. Individual or Joint/Group Filing(Check Applicable Line) <input type="checkbox"/> 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)
Good Times Restaurants Inc	1,738,973 ⁽¹⁾	I ⁽¹⁾	Footnote 1 ⁽¹⁾

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) Title	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
---	---	---	--	---	--

Date Exercisable	Expiration Date	Amount or Number of Shares	or Indirect (I) (Instr. 5)
---------------------	--------------------	----------------------------------	----------------------------------

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
DELTA PARTNERS LP ONE INTERNATIONAL PLACE SUITE 2401 BOSTON, MA 02110	^	^ X	^	^
JOBSON CHARLES E ONE INTERNATIONAL PLACE SUITE 2401 BOSTON, MA 02110	^	^ X	^	^
Delta Partners GP, LLC ONE INTERNATIONAL PLACE, SUITE 2401 BOSTON, MA 02110	^	^ X	^	^

Signatures

Charles Jobson 10/19/2016

__Signature of Date
Reporting Person

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) Reporting person, Delta Partners, LP, is the investment manager for two private funds and is deemed to have beneficial ownership. The two entities are the actual owners of the issuer. Delta Partners GP, LLC is the general partner of Delta Partners, LP. Charles Jobson is the owner of Delta Partners, LP and managing member of Delta Partners GP, LLC, and can be deemed to have investment discretion. All reporting persons disclaim beneficial ownership of the shares reported herein except to the extent of their pecuniary interest.

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.