FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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OMB APPROVAL						
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* Pollner Michael A		2. Date of E Requiring S (Month/Day 04/11/202	tatement /Year)	3. Issuer Name and Ticker or Trading Symbol J&J SNACK FOODS CORP [JJSF]						
(Last) (First C/O J&J SNAC)	K FOODS C	fiddle)			Relationship of Reporting Issuer (Check all applicable) Director	Person(s) to		5. If Amendment, Date of Original Filed (Month/Day/Year)		
350 FELLOWSHIP ROAD (Street) MOUNT LAUREL NJ 08054			X Officer (give title below) SVP, General Cour	Other below)	(specify	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City) (Sta	ate) (Zi	ip)						3		
Table I - Non-Derivative Securities Beneficially Owned										
		Tak	ole I - Non	-Derivati	ve Securities Benefic	cially O	wned			
1. Title of Security	(Instr. 4)	Tak	ole I - Non	2	ve Securities Benefic 2. Amount of Securities Beneficially Owned (Instr. 4)	3. Owner Form: I (D) or li (I) (Inst	ership 4 Direct 0	4. Nature of Indire Ownership (Instr.		
1. Title of Security	(Instr. 4)	1	āble II - D	erivative	2. Amount of Securities Beneficially Owned (Instr.	3. Owner Form: I (D) or II (I) (Insti	ership 2 Direct 0 ndirect r. 5)			
Title of Security Title of Derivative	,	(e.g.,	āble II - D	erivative S, warrar	2. Amount of Securities Beneficially Owned (Instr. I) Securities Beneficia	3. Owner Form: I (D) or II (I) (Institute ally Ownible secretarities	ership 2 Direct 0 ndirect r. 5)	5. ion Ownership		

Explanation of Responses:

No securities are beneficially owned.

<u>/s/ Michael A. Pollner</u> <u>04/13/2022</u>

** Signature of Reporting Person Date

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

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.

 $^{^{\}star}$ 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).