SEC Form 5

FORM 5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b)

Form 3 Holdings Reported.

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

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL **OWNERSHIP**

OMB APPROVAL

| OMB Number: | 3235-0362 | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| Estimated average burden | | | | | | | | |
| hours per response: | 1.0 | | | | | | | |

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

| Form 4 Transa | ctions Reported. | FII | or Section 30(h) of the Investment Company Act of 1934 | | | |
|---|------------------|------------|---|------------------------|---|---|
| 1. Name and Addr <u>FACHNER</u> | 1 0 | erson* | 2. Issuer Name and Ticker or Trading Symbol <u>J&J SNACK FOODS CORP</u> [JJSF] | (Check | ationship of Reporting Pe k all applicable) Director Officer (give title | erson(s) to Issuer 10% Owner Other (specify |
| (Last) (First) (Middle) 4701 AIRPORT DRIVE | | (Middle) | 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 11/07/2005 | | below) President, | below) |
| (Street) ONTARIO | CA | 91761-7817 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indiv Line) X | vidual or Joint/Group Fili Form filed by One Re Form filed by More th | porting Person |
| (City) | (State) | (Zip) | - | | Person | |

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

| 1. Title of Security (Instr. 3) | 2. Transaction Date | 2A. Deemed Execution Date, | 3. Transaction | 4. Securities Acq Of (D) (Instr. 3, 4 | uired (A) | - | 5. Amount of Securities | Ownership Form: Direct (D) or | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---------------------------------|------------------------|-------------------------------|--------------------|--|---------------|-------|--|-------------------------------------|---|
| | (Month/Day/Year) | (Month/Day/Year) | Code (Instr. 8) | Amount | (A) or (D) | Price | Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4) | | |
| Common Stock, no par value | 07/01/2005 | | L | 60 | A | \$45 | 16,220 ⁽¹⁾ | D | |
| Common Stock, no par value | 07/01/2005 | | L | 1 | A | \$45 | 736 ⁽²⁾ | D | |

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

| | | | | | | | | | - | | | | | |
|---|---|--|---|---|--|---|---------------------|---|----------------------|---|--|--|--|--|
| 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. Transaction Code (Instr. 8) | of Derive Secur Acqui (A) or Dispo of (D) (Instr. | Derivative (Month/Day/Year) Securities Acquired (A) or Disposed | | 7. Title Amoun Securit Underly Derivat Securit and 4) | it of ies ying | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

1. Total excludes shares now reported under the 401(k) Plan

2. 401(k) Plan

Daniel Fachner

11/07/2005 Date

** Signature of Reporting Person

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

* 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.

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.