

GOOD TIMES RESTAURANTS INC  
 Form 3  
 November 29, 2016

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

OMB APPROVAL

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**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 *		2. Date of Event Requiring Statement	3. Issuer Name <b>and</b> Ticker or Trading Symbol	
Â PRISM PARTNERS, L.P.		(Month/Day/Year)	GOOD TIMES RESTAURANTS INC [gtim]	
(Last)	(First)	(Middle)	4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
ONE INTERNATIONAL PLACE,Â SUITE 2401		11/21/2016		
(Street)			(Check all applicable)	
BOSTON,Â MAÂ 02110			<input type="checkbox"/> Director	<input checked="" type="checkbox"/> 10% Owner
(City)	(State)	(Zip)	<input type="checkbox"/> Officer	<input type="checkbox"/> Other
			(give title below) (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 common stock	1,346,850 <sup>(2)</sup>	D <sup>(1)</sup>	Â

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

Date Exercisable	Expiration Date	Amount or Number of Shares	or Indirect (I) (Instr. 5)
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## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
PRISM PARTNERS, L.P. ONE INTERNATIONAL PLACE SUITE 2401 BOSTON, MA 02110	^	^ X	^	^
Delta Advisors, LLC ONE INTERNATIONAL PLACE SUITE 2401 BOSTON, MA 02110	^	^ X	^	^

## Signatures

Charles Jobson                      11/29/2016

\_\_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) The shares of common stock reported herein are directly held by Prism Partners, L.P. Delta Advisors, LLC is the general partner of Prism Partners, L.P. and disclaims Section 16 beneficial ownership except to the extent of its pecuniary interest in the shares of common stock.
- The shares reported herein are included within the shares previously reported by Delta Partners, LP, Delta Partners GP, LLC and Charles Jobson. Delta Partners, LP is the investment manager to Prism Partners, L.P. Delta Partners GP, LLC is the general partner of Delta
- (2) 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. Each of Delta Partners, LP, Delta Partners GP, LLC and Charles Jobson disclaim Section 16 beneficial ownership of the shares reported herein except to the extent of their pecuniary interest, if any.

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.