## Edgar Filing: SLOMANN CHERYL - Form 4

| SLOMANN  | CHERYL                                  |                   |   |  |               |                              |                                       |  |  |           |  |  |
|--|---|-------------------|---|--|---------------|------------------------------|---------------------------------------|--|--|-----------|--|--|
| Form 4   |   |                   |   |  |               |                              |                                       |  |  |           |  |  |
| March 07, 20   |   |                   |   |  |               |                              |                                       |  |  |           |  |  |
| FORM   | $14_{\text{UNITED}}$                    | STATES            | SECUE   | TTIFS A                                | ND FX         | сни                          | NCF (                                 | OMMISSION  |  | PPROVAL   |  |  |
| Washington, D.C. 20549   |   |                   |   |  |               |                              |                                       |  | OMB<br>Number:   | 3235-0287 |  |  |
| Check this box<br>if no longer<br>whigh to STATEMENT OF CHANGES IN BENEFICIAL OWNERS |   |                   |   |  |               |                              |                                       | Expires:   | January 31,<br>2005  |           |  |  |
| subject to<br>Section 1<br>Form 4 o  | F CHAN                                  | GES IN I<br>SECUR |   | ICIA                                   |               | NERSHIP OF                   | Estimated a<br>burden hou<br>response | ted average<br>hours per   |  |           |  |  |
| Form 5<br>obligation<br>may cont<br><i>See</i> Instru<br>1(b).                       | ns Section 17(                          | a) of the         | Public U  |  | ling Con      | npan                         | y Act of                              | e Act of 1934,<br>7 1935 or Section<br>0   | ·  |           |  |  |
| (Print or Type I   | Responses)                              |                   |   |  |               |                              |                                       |  |  |           |  |  |
| 1. Name and Address of Reporting Person <u>*</u><br>SLOMANN CHERYL                   |   |                   | 2. Issuer Name <b>and</b> Ticker or Trading<br>Symbol<br>CHEESECAKE FACTORY INC |  |               |                              |                                       | 5. Relationship of Reporting Person(s) to<br>Issuer  |  |           |  |  |
|  |   |                   |   | [CAKE]                                 |               |                              |                                       |  | (Check all applicable)   |           |  |  |
|  |   |                   | 3. Date of Earliest Transaction<br>(Month/Day/Year)<br>03/05/2018               |  |               |                              |                                       | Director 10% Owner<br>X_ Officer (give title Dother (specify<br>below)<br>Principal Accounting Officer             |  |           |  |  |
|  | (Street)                                |                   | 1 If Ame  | 4. If Amendment, Date Original         |               |                              |                                       | 6. Individual or Joint/Group Filing(Check  |  |           |  |  |
| Filed(   |   |                   |   | ith/Day/Year                           | -             | 1                            |                                       | Applicable Line)<br>_X_ Form filed by One Reporting Person<br>Form filed by More than One Reporting                |  |           |  |  |
| CALABAS  | AS HILLS, CA 9                          | 1301              |   |  |               |                              |                                       | Person   |  | porting   |  |  |
| (City)   | (State)                                 | (Zip)             | Tabl  | e I - Non-D                            | erivative     | Secur                        | 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   | med<br>n Date, if<br>Day/Year)  | 3.<br>Transactic<br>Code<br>(Instr. 8) | (Instr. 3,    | ispose<br>4 and<br>(A)<br>or | ed of (D)<br>5)                       | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 3 and 4) | 6. Ownership<br>Form: Direct<br>(D) or<br>Indirect (I)<br>(Instr. 4) |           |  |  |
| Common<br>Stock  | 03/05/2018                              |                   |   | Code V<br>F                            | Amount<br>757 | (D)<br>D                     | Price<br>\$<br>48.43                  | 15,371   | D  |           |  |  |
| Common<br>Stock  | 03/06/2018                              |                   |   | F                                      | 242           | D                            | \$<br>48.55                           | 15,829   | D  |           |  |  |
| Common<br>Stock  |   |                   |   |  |               |                              |                                       | 500  | I  | By Trust  |  |  |
| Common<br>Stock  |   |                   |   |  |               |                              |                                       | 13   | I  | By IRA    |  |  |

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)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 | 2.          | 3. Transaction Date | 3A. Deemed         | 4.         | 5.              | 6. Date Exerc | cisable and | 7. Titl | e and        | 8. Price of | 9. Nu  |
|-------------|-------------|---------------------|--------------------|------------|-----------------|---------------|-------------|---------|--------------|-------------|--------|
| Derivative  | Conversion  | (Month/Day/Year)    | Execution Date, if | Transactio | onNumber        | Expiration D  | ate         | Amou    | nt of        | Derivative  | Deriv  |
| Security    | or Exercise |                     | any                | Code       | of              | (Month/Day/   | Year)       | Under   | lying        | Security    | Secu   |
| (Instr. 3)  | Price of    |                     | (Month/Day/Year)   | (Instr. 8) | Derivative      | e             |             | Secur   | ities        | (Instr. 5)  | Bene   |
|             | Derivative  |                     |                    |            | Securities      |               |             | (Instr. | 3 and 4)     |             | Owne   |
|             | Security    |                     |                    |            | Acquired        |               |             |         |              |             | Follo  |
|             |             |                     |                    |            | (A) or          |               |             |         |              |             | Repo   |
|             |             |                     |                    |            | Disposed        |               |             |         |              |             | Trans  |
|             |             |                     |                    |            | of (D)          |               |             |         |              |             | (Instr |
|             |             |                     |                    |            | (Instr. 3,      |               |             |         |              |             |        |
|             |             |                     |                    |            | 4, and 5)       |               |             |         |              |             |        |
|             |             |                     |                    |            |                 |               |             |         | Amount       |             |        |
|             |             |                     |                    |            |                 |               |             |         | Amount       |             |        |
|             |             |                     |                    |            |                 | Date          | Expiration  | Title   | or<br>Number |             |        |
|             |             |                     |                    |            |                 | Exercisable D | Date        | inte    | of           |             |        |
|             |             |                     |                    | Code V     | $(\Lambda)$ (D) |               |             |         | Shares       |             |        |
|             |             |                     |                    | Coue v     | (A) (D)         |               |             |         | Shares       |             |        |

## **Reporting Owners**

| <b>Reporting Owner Name / Address</b>                                  | Relationships |           |                              |       |  |  |  |  |
|--|---------------|-----------|------------------------------|-------|--|--|--|--|
|  | Director      | 10% Owner | Officer                      | Other |  |  |  |  |
| SLOMANN CHERYL<br>26901 MALIBU HILLS ROAD<br>CALABASAS HILLS, CA 91301 |               |           | Principal Accounting Officer |       |  |  |  |  |
| Signatures   |               |           |                              |       |  |  |  |  |

03/07/2018 Cheryl Slomann Date

\*\*Signature of Reporting Person

## **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).

(1) Shares held by the Mark D. and Cheryl M. Slomann Trust u/a 4/7/1997 of which the reporting person and her spouse are trustees.

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.