Edgar Filing: BUCKLE INC - Form 4

| BUCKLE IN | С | | | | | | | | | | |
|--|--|---|---|--|-----------|--|---|--|---|--|--|
| Form 4 | | | | | | | | | | | |
| February 02, | 2009 | | | | | | | | | | |
| FORM | 4 | | | | | | | | PPROVAL | | |
| | UNITEDS | TATES SECUI Wa | RITIES Al shington, | | | NGE (| COMMISSION | OMB Number: | 3235-0287 | | |
| Check this if no longe subject to Section 16 Form 4 or Form 5 | GES IN BENEFICIAL OWNERSHIP OF SECURITIES 6(a) of the Securities Exchange Act of 1934, | | | | | Expires:January 31Expires:2005Estimated averageburden hours perresponse0.5 | | | | | |
| obligation may contin <i>See</i> Instruct 1(b). | s Section 17(a) |) of the Public U 30(h) of the Ir | tility Hold | ing Com | pany | Act o | of 1935 or Sectio | n | | | |
| (Print or Type R | esponses) | | | | | | | | | | |
| TYSDAL RALPH M Symbol | | | Name and Ticker or Trading JE INC [BKE] | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
| (Last) | (First) (M | | f Earliest Tra Day/Year) | insaction | | | _X_Director | | b Owner | | |
| 2407 W 24TH STREET 02/01/20 (Street) 4. If Ame | | | • | | | | Officer (give titleOther (specify below) | | | | |
| | | | mendment, Date Original Month/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | | |
| KEARNEY, | NE 68845 | | | | | | Form filed by M Person | Iore than One Ro | eporting | | |
| (City) | (State) (Z | Zip) Tab | le I - Non-De | erivative S | Securi | ties Ac | quired, Disposed of | f, or Beneficia | lly Owned | | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | Code | TransactionAcquired (A) or Code Disposed of (D) | | | Securities Beneficially Owned | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| ~ | | | Code V | Amount | or (D) | Price | (Instr. 3 and 4) | | | | |
| Common Stock | 02/01/2009 | | А | 2,250 | А | \$0 | 11,962 <u>(1)</u> | D | | | |

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

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 Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 4. Transact Code (Instr. 8) | ction C 3) I S A (I C C (| ofNumber Ex of (M Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | | Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr |
|---|---|---|--------------------------------------|---|--|-----|--|--------------------|---|--|--------------------------------------|--|
| | | | Code N | | 4, and (A) (| (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | | | |
|---|---------------|-----------|-------------|--|--|--|--|--|--|
| | Director | 10% Owner | Officer Oth | | | | | | |
| TYSDAL RALPH M 2407 W 24TH STREET KEARNEY, NE 68845 | Х | | | | | | | | |
| Signatures | | | | | | | | | |
| Karen B. Rhoads by Power of Attorney | 02/02/2009 | | | | | | | | |
| **Signature of Reporting Person | | Date | | | | | | | |

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) Number of shares beneficially owned has been adjusted to reflect 3-for-2 stock split on 10/30/2008.

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.