

SECURITIES AND EXCHANGE COMMISSION

FORM 4

Statement of changes in beneficial ownership of securities

Filing Date: **1999-09-10** | Period of Report: **1999-08-31**

SEC Accession No. **0000940944-99-000084**

([HTML Version](#) on secdatabase.com)

SUBJECT COMPANY

DARDEN RESTAURANTS INC

CIK: **940944** | IRS No.: **593305930** | State of Incorporation: **FL** | Fiscal Year End: **0526**

Type: **4** | Act: **34** | File No.: **001-13666** | Film No.: **99708948**

SIC: **5812** Eating places

Mailing Address

*5900 LAKE ELLENOR DRIVE
ORLANDO FL 32809*

Business Address

*5900 LAKE ELLENOR DR
ORLANDO FL 32809
4072454000*

REPORTING OWNER

SASTRE MARIA

CIK: **1071252**

Type: **4**

Mailing Address

*UNITED AIRLINES
95 MERRICK WAY STE 707
CORAL GABLES FL 33134*

Business Address

*UNITED AIRLINES
95 MERRICK WAY STE 707
CORAL GABLES FL 33134
4072455070*

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 F O R M 4

U.S. SECURITIES AND EXCHANGE COMMISSION
 Washington, D.C. 20549

OMB APPROVAL
 OMB Number 3235-0287
 Expires: September 30, 1998
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 hours per response....0.5

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

[] Check this box if
 no longer Subject
 to Section 16.

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(f) of the Investment Company Act 1940

1. Name and Address of Reporting Person* SASTRE MARIA A. (Last) (First) (MI) 5900 LAKE ELLENOR DRIVE P. O. BOX 593330 (Street) ORLANDO FL 32859-3330 (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol DARDEN RESTAURANTS, INC. of Reporting Person Year	6. Relationship of Reporting Person to Issuer (Check all Applicable) --- (give title below) --- (Specify below) X Director 10% Owner --- Officer Other --- (give title below) --- (Specify below)
3. IRS or Soc. Sec. No. of Reporting Person (Voluntary)		4. Statement for Month/Year August 1999
		5. If Amendment, Date of Original (Month/Year)
		7. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person --- Form filed by More than One Reporting Person

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

1. Title of Security (Instr. 3)	2. Transaction Date (Mon/Day/Yr)	3. Trans. Code (Instr. 8)	4. Security Acquired (A) or Disposed of (D) (Instr. 3, 4 & 5)			5. Amount of Securities Beneficially Owned at End of Month (Instr. 3 & 4)	6. Own. (D) or (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) (D) Price		
<S> Common Stock	<C>	<C>	<C>	<C>		<C> <C> \$.0000 2000	<C>	<C>

Reminder: Report on a separate line for each class securities owned directly or indirectly. SEC 1474 (7-96)
 *If the form is filed by more than one reporting person, see Instruction 4(b) (v).

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 FORM 4 (continued)

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

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Mon/Day/Year)	4. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 & 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)	7. Title and Amount of Underlying Securities (Instr. 3 & 4)	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned at End of Month (Instr. 4)	10. Nature of Ownership (Instr. 4)	11. Nature of Beneficial Ownership (Instr. 4)
				(A) (D)	Date Exbl. Date	Title Amount or Number of Shares				
<S> Stock Option	<C> \$17.7500	<C> 08/27/1999	<C> A	<C> 1155	<C> 02/27/2000 <C> 08/27/2009	<C> Common Stock	<C> 1155	<C> 1155	<C> D	<C>

Explanation of Responses:

**Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

/s/CLIFFORD L. WHITEHILL

09/09/1999

**Signature of Reporting Person

Date

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

SEC 1474 (7-96)

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 OMD Number

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