

# 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. **0000940944-99-000085**

(HTML Version on [secdatabase.com](http://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.: **99708951**  
SIC: **5812** Eating places

Mailing Address	Business Address
5900 LAKE ELLENOR DRIVE ORLANDO FL 32809	5900 LAKE ELLENOR DR ORLANDO FL 32809 4072454000

### REPORTING OWNER

#### **ATWATER H BREWSTER JR**

CIK: **1018580**  
Type: **4**

Mailing Address	Business Address
5900 LAKE ELLENOR DRIVE DARDEN RESTAURANTS INC ORLANDO FL 32809	4900 IDS CENTER 80 S 8TH ST MINNEAPOLIS MN 55402 4072454000

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 | F O R M 4 |

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

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OMB APPROVAL
OMB Number 3235-0287
Expires: September 30, 1998
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hours per response....0.5
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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*			2. Issuer Name and Ticker or Trading Symbol			6. Relationship of Reporting Person to Issuer (Check all Applicable)		
ATWATER, JR. H. BREWSTER			DARDEN RESTAURANTS, INC.			---		
			of Reporting Person   Year			--- (give title below) --- (Specify below)		
						X Director 10% Owner		
(Last) (First) (MI)			3. IRS or Soc. Sec. No. of Reporting Person (Voluntary)			4. Statement for Month/Year		
5900 LAKE ELLENOR DRIVE						August 1999		
P. O. BOX 593330								
(Street)						5. If Amendment, Date of Original (Month/Year)		
ORLANDO FL 32859-3330						7. Individual or Joint/Group Filing (Check Applicable Line)		
(City) (State) (Zip)						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)			5. Amount of Securities Beneficially Owned at End of Month (Instr. 3 & 4)	6. Own. (D) or (I)	7. Nature of Indirect Ownership (Instr. 4)
			Code	V	Amount			
<S> Common Stock	<C>	<C>	<C>	<C>	<C>	<C>	<C>	<C>
						\$ .0000		D
						536267.0055		

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

SEC 1474 (7-96)

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 <CAPTION>  
 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		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 Ownership (Instr. 4)		
				Acquired (A) or Disposed of (D) (Instr. 3, 4 & 5)		Date Exbl.	Exp. Date						Title	Amount or Number of Shares
<S> Stock Option	<C> \$17.7500	<C> 08/27/1999	<C> A	<C>	<C> 705	<C>	<C> 02/27/2000	<C> 08/27/2009	<C> Common Stock	<C> 705	<C>	<C> 705	<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  
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\*\*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.

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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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