SECURITIES AND EXCHANGE COMMISSION

FORM 4

Statement of changes in beneficial ownership of securities

Filing Date: **2010-12-20** | Period of Report: **2010-12-19** SEC Accession No. 0000950117-10-001468

(HTML Version on secdatabase.com)

REPORTING OWNER

PASCAL VINCENT

CIK:1216088

Type: 4 | Act: 34 | File No.: 001-09453 | Film No.: 101262971

Mailing Address C/O ARK RESTAURANTS CORP 85 FIFTH AVE NEW YORK NY 10003

ISSUER

ARK RESTAURANTS CORP

CIK:779544| IRS No.: 133156768 | State of Incorp.:NY | Fiscal Year End: 0930

SIC: **5812** Eating places

Mailing Address 85 FIFTH AVENUE NEW YORK NY 10003-3019

Business Address 85 FIFTH AVENUE NEW YORK NY 10003-3019 2122068800

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

1. Name and Addres PASCAL VINO	ss of Reporting Person	n <u>*</u>	2. Issuer Name and Ticker or Trading Symbol ARK RESTAURANTS CORP [ARKR]	Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner				
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 12/19/2010	X Officer (give title Other (specify below) below) Senior Vice President				
85 FIFTH AVEN	UE, 14TH FLOOI	₹						
NEW YORK, NY	(Street)		4. If Amendment, Date Original Filed(Month/Day/Year)	Individual or Joint/Group Filing				
(City)	(State)	(Zip)						

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

1.Tit	1.Title of Security (Instr. 3)	2. Transaction Date (Month/ Day/Year)	2A. Deemed Execution Date, if any (Month/ Day/Year)			4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			Securities Beneficially Owned	Direct (D)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	V	Amount	(A) or (D)			or Indirect (I) (Instr. 4)		
	Common Stock								37,108	D		

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

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/ Day/Year)	3A. Deemed Execution Date, if any (Month/ Day/ Year)	4. Transa Code (Instr. 8		5. Num of Derivat Securiti Acquire (A) or Dispose (D) (Ins 4, and	ive ies ed ed of etr. 3,	6. Date Exerci Expiration Dat Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Stock Options	\$29.6							12/21/2005	12/20/2014	Common Stock	8,750		8,750	D	
Stock Options	\$29.6							12/21/2006	12/20/2014	Common Stock	8,750		8,750	D	
Stock Options	\$32.15							12/19/2007	12/18/2016	Common Stock	2,500		2,500	D	
Stock Options	\$32.15	12/19/2010		<u>A</u>		2,500		12/19/2010	12/18/2016	Common Stock	2,500	\$ 0	2,500	D	

Stock Options	\$32.15				12/19/2008	12/18/2016	Common Stock	2,500	2,500	D	
Stock Options	\$32.15				12/19/2009	12/19/2016	Common Stock	2,500	2,500	D	
Stock Options	\$12.04				05/07/2010	05/06/2019	Common Stock	9,750	9,750	D	

Signatures

/s/ Vincent Pascal

12/20/2010

** Signature of Reporting Person

Date

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

- * 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).

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

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 Number.