

CHECKERS DRIVE IN RESTAURANTS INC /DE

Form 3

April 17, 2002

UNITED STATES SECURITIES AND EXCHANGE COMMISSION  
WASHINGTON, D.C. 20549  
FORM 3  
INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

1. Name and Address of Reporting Person

KOEHLER, DAVID G.  
5006 DAVENSHIRE WAY  
TAMPA, FL 33647  
U.S.A.

2. Issuer Name and Ticker or Trading Symbol

CHECKERS DRIVE-IN RESTAURANTS, INC. (CHKR)

3. IRS or Social Security Number of Reporting Person (Voluntary)

4. Statement for Month/Year

MARCH 2002

5. If Amendment, Date of Original (Month/Year)

6. Relationship of Reporting Person(s) to Issuer (Check all applicable)

( ) Director ( ) 10% Owner ( X ) Officer (Give Title Below)  
( ) Other (Specify Below)  
CHIEF FINANCIAL OFFICER/TREASURER

7. Individual or Joint/Group Filing (Check Applicable)

( X ) Form filed by One Reporting Person  
( ) Form filed by More than One Reporting Person

SUBJECT COMPANY:

COMPANY DATA:

COMPANY CONFORMED NAME:	CHECKERS DRIVE-IN RESTAURANTS, INC.
CENTRAL INDEX KEY:	0000879554
STANDARD INDUSTRIAL CLASSIFICATION:	RETAIL-EATING PLACES [5812]
IRS NUMBER:	581654960
STATE OF INCORPORATION:	DE
FISCAL YEAR END:	1231
SEC FILE NUMBER:	000-19649

BUSINESS/MAILING ADDRESS:

STREET 1:	4300 WEST CYPRESS
CITY:	TAMPA

Edgar Filing: CHECKERS DRIVE IN RESTAURANTS INC /DE - Form 3

STATE:

FL

ZIP:

33607

BUSINESS PHONE:

8132837000

Table I Non-Derivative Securities Beneficially Owned

Title of Non-Derivative Security

Amount Beneficially Owned at End of the Month  
Ownership Direct or Indirect

Nature of Indirect Beneficial Ownership  
Common Stock

1,000  
D

Table II Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

Title of Derivative Security

Date Exercisable

Expiration Date

Title

Number of Shares

Conversion or Exercise Price of Derivative Security

Ownership Direct or Indirect

Edgar Filing: CHECKERS DRIVE IN RESTAURANTS INC /DE - Form 3

Nature of Indirect Beneficial Ownership

Explanation of Responses:

\_\_\_\_\_  
Signature of Reporting Person

\_\_\_\_\_  
Date