FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 205

| washington, D.C. 20549 | OMB APPROVAL | | | |
|---|--------------------------|---------|--|--|
| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP | OMB Number: | 3235-02 | | |
| On the ment of on the order of | Cotimated average burden | | | |

87 Estimated average burden hours per response: 0.5

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* MOORE DENNIS G | | | | | | 2. Issuer Name and Ticker or Trading Symbol J&J SNACK FOODS CORP [JJSF] | | | | | | | | | ionship all appli Directo | cable) | g Pers | son(s) to Iss | |
|--|---|--|-------------------------------|------------|------------------------------|---|----------------------------------|--------|--|--------------|----------------------|---|--|------------------------------------|--|--|---|--|--|
| (Last) 6000 CE | Last) (First) (Middle) 000 CENTRAL HIGHWAY | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/14/2018 | | | | | | | | X | below) | r (give title) Senior Vice Pr | | Other (s below) esident | pecify |
| (Street) PENNSAUKEN NJ 08109 (City) (State) (Zip) | | | | | 4. I | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Indivi ne) X | ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | Tab | le I - No | on-Deri | vative | e Sec | uriti | ies Ac | quired | , Di | sposed c | of, or Be | neficia | ally C | Dwned | | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Date) | | | ction | 2A. Exe | Deemed ecution Date, | | 3. 4 Transaction Code (Instr. | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a | | | 5. Amount of Securities Beneficially Owned Following | | int of es ially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | Code | v | Amount | (A) or (D) | Price | | | eported ransaction(s) nstr. 3 and 4) | | | (Instr. 4) | |
| Common Stock, no par value 08/14/20 | | | | | /2018 |)18 | | M | | 5,250 | A | \$81.0 | 67 | 80 | ,877 | | D | | |
| Common Stock, no par value 08/14/20 | | | | /2018 | 018 | | | S | | 5,250 D \$14 | | \$145. | 142 | 42 75,627 | | | D | | |
| | | 7 | able II | | | | | | | | oosed of converti | | | | wned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | Execution Execution Execution | | 4. Transa Code (8) | | n of | | 6. Date Exerci Expiration Dat (Month/Day/Ye | | te | 7. Title and Amount of Securities Underlying Derivative Securit (Instr. 3 and 4) | | Dei Sed (Ins | Price of rivative curity str. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | re es ally eg d | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisa | able | Expiration Date | Title | Amount or Number of Shares | | | | | | |
| Option to Purchase | \$81.67 | 08/14/2018 | | | M | | | 5,250 | 11/19/20 | 16 | 11/18/2018 | Common Stock, no par value | 5,250 | | \$0 | 0 | | D | |

Explanation of Responses:

/s/ Dennis G. Moore

08/14/2018

Date

** Signature of Reporting Person

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.