FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

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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

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|---|---|--|---|---------|------------------------------|---|---|------|--|------|------------------|--|-----------------------------------|---------------------------------|---|---|---------------|--|---|--|--|
| 1. Name and Address of Reporting Person* | | | | | | | 2. Issuer Name and Ticker or Trading Symbol J&J SNACK FOODS CORP [JJSF] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
| LAW GERARD GARFIELD | | | | | | STATISTED COLUMN [3501°] | | | | | | | | | Directo | | | 10% Ov | | | |
| (Last) (First) (Middle) 6000 CENTRAL HIGHWAY | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 10/06/2016 | | | | | | | | X | | Officer (give title below) | | Other (s | specify | | |
| | | | | | | | | | | | | | | Senior Vice President | | | | | | | |
| | | | | | | If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | | |
| (Street) | | | | | " | | | | | | | | | Line) | | | | | | | |
| PENNSAUKEN NJ 08109 | | | | | | | | | | | | | | X | Form filed by One Reporting Person Form filed by More than One Reporting | | | | | | |
| (City) (State) (Zip) | | | | | | | | | | | | | | Person | | | | | | | |
| | | Tab | le I - No | n-Deriv | /ative | Sec | uritie | s Ac | quired, | Disp | osed o | of, or Be | nefic | ially | Owned | d l | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | | ar) E | A. Deemed Execution Date, f any Month/Day/Year) | | Transaction Code (Instr. | | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | 4 and Securi Benefi Owned | | es ally Following | Form (D) o | n: Direct r Indirect istr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | | v | Amount | (A) o | Pric | e | Reporte Transac (Instr. 3 | tion(s) | | | (11301. 4) | | |
| Common Stock, no par value 10/06/2 | | | | | | 2016 | | | A | | 84(1) | 84 ⁽¹⁾ A | | 4.96 | 20 | 20,266 | | D | | | |
| | | 7 | able II - | | | | | | | | | , or Ben ble secu | | | wned | | | | | | |
| | l . | T | | 1 | | Cana | <u> </u> | | • | | | 1 | | _ | | | . 1 | | 1 | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Da | Date, | 4. Transa Code (8) | | of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | D S (I | Price of erivative ecurity nstr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | | |
| | | | | Co | Code | v | (A) | | Date Exercisable | | xpiration ate | Title | Amou or Numb of Share | er | | | | | | | |
| Option to Purchase | \$129.26 | 02/15/2017 | | | A | | 8,000 | | 02/15/2020 | 0 | 2/14/2022 | Common Stock, no | 8,00 | 0 | \$0 | 8,000 | | D | | | |

Explanation of Responses:

1. Between January 6, 2016 and October 6, 2016 the reporting person acquired 84 shares in the Company's stock purchase plan.

<u>/s/ Gerard G. Law</u> <u>02/16/2017</u>

** 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.