FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| l | OMB APPROVAL | | | | | | | | |
|---|-------------------------|-----------|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | |
| l | Estimated average burde | en | | | | | | | |
| l | 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* KARABAN MICHAEL | | | | | | | 2. Issuer Name and Ticker or Trading Symbol J&J SNACK FOODS CORP [JJSF] | | | | | | | | | | | nship of Reportin applicable) Director | | 10% Ov | wner | | |
|---|---|--|---|-------------------------------|-----------------------------------|---|--|--------|----------|-----------------------------------|------|--|--|-------------|--|---|--|---|---|--|--|--|--|
| (Last) | • | First) | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/16/2006 | | | | | | | | | | X | Officer (give title Other (spelow) below) Senior Vice President | | | | specify | | |
| (Street) PENNSAUKEN, NJ 08109 | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) 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 | curiti | ies Ad | qu | uired, I | Disp | posed c | of, or | Ber | neficia | lly | Owned | l | | | | | |
| Dat | | | | 2. Transa Date (Month/E | | ar) E | 2A. Deemed Execution Date, if any (Month/Day/Year) | | ΄ Ι | Code (Instr. | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | | 4 and Securit Benefic Owned | | es ally Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Ì | Code | v | Amount | | A) or D) | Price | | Reporte Transac (Instr. 3 | tion(s) | | | (Instr. 4) | | |
| Common Stock, no par value 03/16/ | | | | | | 2006 | | | | M | | 4,400 |) | A | \$19. | 24 | 28,078 | | | D | | | |
| Common Stock, no par value 03/16 | | | | | | 2006 | | | | F | | 2,425 | 5 | D | \$34. | 91 25 | | 5,653 | | D | | | |
| Common Stock, no par value | | | | | | | | | | | | | | | | 8,004(1) | | | D | | | | |
| | | 7 | able II - | | | | | | | | | osed of onverti | | | | у О | wned | | | | | | |
| 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, | I. Fransactior Code (Instr. | | | | Ex | Date Exe opiration onth/Day | Date | | 7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4) | | Security | De Se | 8. Price of Derivative Security Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | is I | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Da Ex | ate kercisable | | xpiration ate | Title | | Amount or Number of Shares | | | | | | | | |
| Common Stock, no | \$19.24 | 03/16/2006 | | | M | | | 4,400 | 09 | 9/27/2005 | 09 | Common Stock, no 4,4 | | 4,400 | | \$19.24 | 0 | | D | | | | |

Explanation of Responses:

1. Stock Purchase Plan

Michael Karaban

03/20/2006

** 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.