CRACKER BARREL OLD COUNTRY STORE, INC Form 3 March 13, 2009 UNITED STATES SECURITIES AND EXCHANGE COMMISSION FORM 3 Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

(Print or Type Responses)

1. Name and Address of Reporting Person <u>*</u> COCHRAN SANDRA B	2. Date of Event Requiring Statement (Month/Day/Year) 03/11/2009	3. Issuer Name and Ticker or Trading Symbol CRACKER BARREL OLD COUNTRY STORE, INC [CBRL]				
(Last) (First) (Middle)	03/11/2009	4. Relationship of Reporting Person(s) to Issuer			5. If Amendment, Date Original Filed(Month/Day/Year)	
305 HARTMANN DR						
(Street)		(Check all applicable)			6. Individual or Joint/Group	
LEBANON, TN 37087		Director X Officer (give title below Execution	Other	ow)	Filing(Check Applicable Line) _X_Form filed by One Reporting Person Form filed by More than One Reporting Person	
(City) (State) (Zip)	Table I - N	lon-Derivati	ve Securiti	es Be	neficially Owned	
1.Title of Security (Instr. 4)	2. Amount of Beneficially (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nat Owne (Instr	•	
Common Stock	0		D	Â		
	each class of securities benefici espond to the collection of ntained in this form are not	51	EC 1473 (7-02)		
•	pond unless the form displa OMB control number.	ays a				

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

1. Title of Derivative Security 2. Date Exercisable (Instr. 4) Expiration Date (Month/Day/Year) (Month/Day/Year)			3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of	5. Ownership Form of Derivative	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of	Derivative Security	Security: Direct (D) or Indirect	

OMB A	PPROVAL
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Estimated average burden hours per

3235-0104

January 31,

2005

0.5

OMB

Number:

Expires:

response ...

Shares

(I) (Instr. 5)

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
COCHRAN SANDRA B 305 HARTMANN DR LEBANON, TN 37087	Â	Â	Executive VP & CFO	Â		
Signatures						
Sandra B. Cochran by Forrest Shoaf, Attorney-in-fact			03/13/2009			
**Signature of Reporting Person			Date			
Evaluation of Responses:						

* If the form is filed by more than one reporting person, *see* Instruction 5(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.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.