Edgar Filing: CHICOS FAS INC - Form 4

CHICOS FAS Form 4											
September 14, 2006 FORM 4 Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).							OMB APPROVAL OMB 3235-0287 Number: January 31 Expires: 2005 Estimated average burden hours per response 0.5				
(Print or Type R	esponses)										
ATKINS BETSY S Symbol			r Name and Ticker or Trading S FAS INC [CHS]				5. Relationship of Reporting Person(s) to Issuer				
			of Earliest Transaction Day/Year) 2006				(Check all applicable) <u>X</u> Director Officer (give title 10% Owner below) Other (specify below)				
				endment, Date Original nth/Day/Year)				 6. 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)	Tabl	e I - Non-D	erivative	Securi	ities Acq	Person uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Dat (Month/Day/Year)		ned 1 Date, if	3. Transactio Code (Instr. 8)	4. Securi m(A) or Di (Instr. 3,	ties Ad sposed 4 and (A) or	equired d of (D) 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of	
Common Stock	09/13/2006			Code V S	Amount 1,666	(D) D	Price \$ 20.01		D		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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1. Title of Derivative	2. Conversion	3. Transaction Date (Month/Day/Year)		4. Transacti	5. orNumber	6. Date Exer Expiration D		7. Title and Amount of	8. Price of Derivative	9. Nu Deriv
Security (Instr. 3)	or Exercise Price of Derivative Security	(Month Day Teat)	(Month/Day/Year)	Code of		(Month/Day/Year) ve es d d		Underlying Securities (Instr. 3 and 4)	Security (Instr. 5)	Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
ATKINS BETSY S 11215 METRO PARKWAY FT. MYERS, FL 33966	Х						
Signatures							
Michael J. Kincaid, Attorney in Fact	09/14/2006						
**Signature of Reporting Person		Date					

Signature of Reporting Person **Explanation of Responses:

- 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. 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.