## Edgar Filing: HUDSON J CLIFFORD - Form 4/A

| HUDSON J   | I CLIFFORD   |  |   |  |             |                                     |  |  |   |  |
|--|--|--|---|--|-------------|-------------------------------------|--|--|---|--|
| Form 4/A   |  |  |   |  |             |                                     |  |  |   |  |
| December (   | 01, 2017   |  |   |  |             |                                     |  |  |   |  |
| FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION  |  |  |   |  |             |                                     |  |  | OMB APPROVAL  |  |
| Washington, D.C. 20549   |  |  |   |  |             |                                     |  | N OMB<br>Number:   | 3235-0287   |  |
| Check this box<br>if no longer   |  |  |   |  |             |                                     | Expires:   | January 31,<br>2005  |   |  |
| subject<br>Section   | subject to<br>Section 16. STATEMENT OF CHANGES IN BENEFICIAL O<br>SECURITIES |  |   |  |             | WNERSHIP OI                         | Estimated burden hor   | average  |   |  |
|  | Form 4 or  |  |   |  |             | · • • •                             | A ( 61024  | response   | . 0.5   |  |
| Form 5<br>obligations<br>may continue.<br>See Instruction<br>1(b).<br>Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,<br>Section 17(a) of the Public Utility Holding Company Act of 1935 or Section<br>30(h) of the Investment Company Act of 1940 |  |  |   |  |             |                                     |  |  |   |  |
| (Print or Type   | Responses)   |  |   |  |             |                                     |  |  |   |  |
| HUDSON J CLIFFORD Sy   |  |  | 2. Issuer Name <b>and</b> Ticker or Trading<br>Symbol |  |             |                                     | 5. Relationship of Reporting Person(s) to Issuer   |  |   |  |
|  |  | ž  | SONIC CORP [SONC]                                     |  |             |                                     | (Check all applicable)   |  |   |  |
| (Last)   |  |  |   | . Date of Earliest Transaction         |             |                                     |  |  |   |  |
|  |  |  | (Month/Day/Year)<br>11/17/2017                        |  |             |                                     | X Director 10% Owner<br>X Officer (give title Other (specify<br>below) below)<br>Chief Executive Officer |  |   |  |
| (Street)   |  |  | 4. If Amendment, Date Original                        |  |             | ıl                                  | 6. Individual or Joint/Group Filing(Check  |  |   |  |
| Fi   |  |  |   | Filed(Month/Day/Year)<br>11/17/2017    |             |                                     | Applicable Line)<br>_X_Form filed by One Reporting Person<br>Form filed by More than One Reporting       |  |   |  |
|  |  | 101  |   |  |             |                                     | Person   |  |   |  |
| (City)   | (State)  | (Zip)  | Tab   | le I - Non-I                           | Derivative  | Securities A                        | cquired, Disposed  | of, or Beneficia   | lly Owned   |  |
| 1.Title of<br>Security<br>(Instr. 3)   | 2. Transaction Date<br>(Month/Day/Year)                                      | 2A. Deemed<br>Execution D<br>any<br>(Month/Day | ate, if   | 3.<br>Transactio<br>Code<br>(Instr. 8) | Disposed    | (A) or<br>of (D)<br>4 and 5)<br>(A) | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)           | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I)<br>(Instr. 4) | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |
|  |  |  |   | Code V                                 | Amount      | or<br>(D) Price                     | (Instr. 3 and 4)   |  |   |  |
| Reminder: Re   | port on a separate line  | e for each clas                                | ss of sec   | urities benef                          | ficially ow | ned directly of                     | or indirectly.   |  |   |  |
|  |  |  |   |  | inform      | nation cont                         | pond to the colle<br>ained in this forr<br>and unless the fo   | n are not  | SEC 1474<br>(9-02)  |  |

displays a currently valid OMB control

5. Number of

Securities

6. Date Exercisable and

Expiration Date

(Month/Day/Year)

number.

4.

Code

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

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

(Month/Day/Year) Execution Date, if TransactionDerivative

3. Transaction Date 3A. Deemed

any

1. Title of

Derivative

Security

2.

Conversion

or Exercise

Underlying Sect (Instr. 3 and 4)

7. Title and Am

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| (Instr. 3)                                      | Price of<br>Derivative<br>Security |            | (Month/Day/Year) | (Instr. 8 | 3) | Disp | nired (A) or<br>osed of (D)<br>r. 3, 4, and |                     |                    |                 |                |
|---|------------------------------------|------------|------------------|-----------|----|------|---|---------------------|--------------------|-----------------|----------------|
|   |                                    |            |                  | Code      | v  | (A)  | (D)   | Date<br>Exercisable | Expiration<br>Date | Title           | An<br>Nu<br>Sh |
| Non-qualified<br>stock option<br>(right to buy) | \$ 6.8                             | 11/17/2017 |                  | M/K       |    |      | 167,765<br>(1)                              | 01/18/2015          | 01/18/2019         | common<br>stock | 16             |

## **Reporting Owners**

| Reporting Owner Name / Address   | Relationships |            |                         |       |  |  |  |  |
|--|---------------|------------|-------------------------|-------|--|--|--|--|
|  | Director      | 10% Owner  | Officer                 | Other |  |  |  |  |
| HUDSON J CLIFFORD<br>300 JOHNNY BENCH DRIVE<br>OKLAHOMA CITY, OK 73104 | X             |            | Chief Executive Officer |       |  |  |  |  |
| Signatures   |               |            |                         |       |  |  |  |  |
| Carolyn C. Cummins for J. Clifford<br>Hudson                           |               | 12/01/2017 |                         |       |  |  |  |  |
| **Signature of Reporting Person  |               | Da         | ate                     |       |  |  |  |  |

## **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).

(1) This Form 4 is being amended to correct a clerical error.

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.