

MURPHY RICHARD  
Form 3  
November 18, 2008

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

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**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 *		2. Date of Event Requiring Statement	3. Issuer Name <b>and</b> Ticker or Trading Symbol	
Â CROSS RIVER CAPITAL MANAGEMENT LLC		(Month/Day/Year)	MEXICAN RESTAURANTS INC [CASA]	
(Last)	(First)	11/12/2008		
90 GROVE STREET,Â SUITE 201		4. Relationship of Reporting Person(s) to Issuer		5. If Amendment, Date Original Filed(Month/Day/Year)
(Street)		(Check all applicable)		
RIDGEFIELD,Â CTÂ 06877		___ Director ___X___ 10% Owner		6. Individual or Joint/Group Filing(Check Applicable Line)
(City)	(State)	(Zip)	___ Form filed by One Reporting Person	
			___X___ Form filed by More than One Reporting Person	

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	327,047	I	See Footnote 1 <sup>(1)</sup>

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

SEC 1473 (7-02)

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

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

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
CROSS RIVER CAPITAL MANAGEMENT LLC 90 GROVE STREET SUITE 201 RIDGEFIELD, CT 06877	^	^ X	^	^
CROSS RIVER PARTNERS LP C/O CROSS RIVER CAPITAL MANAGEMENT LLC 90 GROVE STREET, SUITE 201 RIDGEFIELD, CT 06877	^	^ X	^	^
MURPHY RICHARD C/O CROSS RIVER CAPITAL MANAGEMENT LLC 90 GROVE STREET, SUITE 201 RIDGEFIELD, CT 06877	^	^ X	^	^

## Signatures

By: Cross River Capital Management LLC, By: /s/ Richard Murphy, Managing Member	11/17/2008
**Signature of Reporting Person	Date
By: Cross River Partners LP, By: /s/ Richard Murphy, Managing Member of Cross River Capital Management LLC, its General Partner	11/17/2008
**Signature of Reporting Person	Date
By: /s/ Richard Murphy	11/17/2008
**Signature of Reporting Person	Date

## Explanation 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).
- (1) The reported securities are directly owned by Cross River Partners LP, a limited partnership managed by Cross River Capital Management LLC, and may be deemed beneficially owned by Cross River Capital Management LLC as the investment manager of Cross River Partners LP. The reported securities may also be deemed beneficially owned by Richard Murphy as Managing Member of Cross River Capital Management LLC. The Reporting Persons disclaim beneficial ownership of the reported securities except to the extent of their pecuniary interest therein, and this report shall not be deemed an admission that such Reporting Persons are the beneficial owners of the securities for purposes of Section 16 of the Securities Exchange Act of 1934, as amended, or for any other purpose.

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.