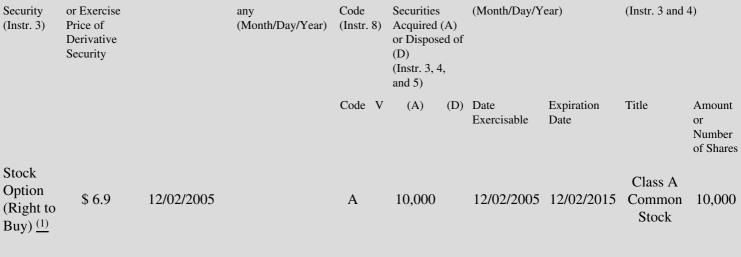
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CILADIA DEVE

| Form 4 | | | | | | | | | | |
|--|---|--------------------------------------|---|---|------------------------|---|---|---|---|--|
| December 2 | | | | | | | | OMB A | PPROVAL | |
| FOR | VI 4 UNITED | STATES | | RITIES A | | | COMMISSION | | 3235-0287 | |
| Check t if no lo subject Section Form 4 | to STATE N 16. | MENT O | Expires: Estimated burden ho response | urs per | | | | | | |
| Form 5 obligati may co <i>See</i> Inst 1(b). | ons Section 17(| rsuant to S (a) of the 1 30(h) | | | | | | | | |
| (Print or Type | e Responses) | | | | | | | | | |
| 1. Name and Address of Reporting Person <u>*</u> SHARMA DEVEN | | | 2. Issuer Name and Ticker or Trading Symbol | | | | 5. Relationship of Reporting Person(s) to Issuer | | | |
| | | | 1 800 FLOWERS COM INC [FLWS] | | | INC | (Check all applicable) | | | |
| (Last) (First) (Middle) 1221 AVENUE OF THE AMERICAS | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/02/2005 | | | X_ Director 10% Owner Officer (give title Other (specify below) below) | | | | |
| (Street) | | | 4. If Amendment, Date Original Filed(Month/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 | | | | |
| NEW YO | RK, NY 10020 | | | | | | Person | | ceporting | |
| (City) | (State) | (Zip) | Tab | le I - Non-I | Derivative | Securities A | cquired, Disposed o | f, or Beneficia | ally Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | Execution any | Date, if | 3. Transaction Code (Instr. 8) Code V | Disposed (Instr. 3, | (A) or of (D) | SecuritiesHBeneficially(Owned(| 5. Ownership Form: Direct D) or Indirect I) Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| Reminder: Re | eport on a separate line | e for each cl | ass of sec | urities benef | icially ow | ned directly | or indirectly. | | | |
| | | | | | inforı requi | nation cont red to resp ays a curre | spond to the collec ained in this form ond unless the for ntly valid OMB cor | are not m | SEC 1474 (9-02) | |
| | Tab | | | | | sposed of, or convertible | Beneficially Owned securities) | | | |
| | | saction Date /Day/Year) | | | 4. Transact | 5. Number iorDerivative | | | 7. Title and Amount of Underlying Securities | |

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Reporting Owners

| Reporting Owner N | Reporting Owner Name / Address | | Relationsh | | |
|--|--------------------------------|----------|------------|---------|-------|
| | | Director | 10% Owner | Officer | Other |
| SHARMA DEVEN 1221 AVENUE OF T NEW YORK, NY 100 | Х | | | | |
| Signatures | | | | | |
| /s/ Deven Sharma | 12/21/2005 | | | | |
| **Signature of | Date | | | | |

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).

The stock option was issued under Mr. Sharma's compensation package as Director of the Company. Each non-employee Director
 of the Company receives on the date of the Annual Shareholder Meeting a grant of either 10,000 stock options which vest immediately or 2,500 shares of Class A Common Stock. Mr. Sharma elected to receive the stock option.

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.