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FLOWERS FOODS INC Form 5 Februa FO

February 02, 2007	1						
FORM 5					OMB AF	PPROVA	٨L
Check this box if	UNITED	STATES	SECURITIES AND EXCHANGE (Washington, D.C. 20549	COMMISSION	OMB Number:	3235- Januai	-0362 rv 31
no longer subject to Section 16. Form 4 or Form 5 obligations may continue.	ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES					Expires: 2 2 Estimated average purden hours per response	
See InstructionFiled pursuant to Section 16(a) of the Securities Exchange Act of 1934,1(b).Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,Form 3 HoldingsSection 17(a) of the Public Utility Holding Company Act of 1935 or SectionReported30(h) of the Investment Company Act of 1940TransactionsReportedReportedSection 17(a)							
1. Name and Address of Reporting Person <u>*</u> TURNER MARTA JONES			2. Issuer Name and Ticker or Trading Symbol FLOWERS FOODS INC [FLO]	5. Relationship of Reporting Person(s) to Issuer			
(Last) (I	First)	(Middle)	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year)	(Check	all applicable	e) Owner	
1919 FLOWERS CIRCLE			12/30/2006	Officer (give below)		er (specify	
(S	Street)		4. If Amendment, Date Original	6. Individual or Joi	int/Group Rep	orting	

THOMASVILLE, GAÂ 31757

X Form Filed by One Reporting Person _ Form Filed by More than One Reporting Person

(check applicable line)

(City)	(State) (Zip) Table	e I - Non-Deri	ivative Sec	curitie	es Acqu	ired, Disposed o	of, or Beneficial	lly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securi Acquired Disposed (Instr. 3, Amount	d (A) of d of (E 4 and (A) or))	5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Stock	Â	Â	Â	Â	Â	Â	20,600	D	Â
Common Stock	Â	Â	Â	Â	Â	Â	164.815 <u>(1)</u>	Ι	By 401(k)

Filed(Month/Day/Year)

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

Persons who respond to the collection of information SEC 2270 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)

(9-02)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Num of Deriv Secu Acqu (A) c Disp of (D (Instr 4, an	vative rities uired or osed)) r. 3,	6. Date Exerci Expiration Dat (Month/Day/Y	ie	7. Title and A Underlying S (Instr. 3 and	Securities
					(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Option (Right to Buy) (2)	\$ 14.01	Â	Â	Â	Â	Â	07/16/2007	07/16/2013	Common Stock	40,725
Option (Right to Buy) (2)	\$ 28.02	Â	Â	Â	Â	Â	01/03/2009	01/03/2013	Common Stock	9,050
Restricted Stock Award (2)	\$ 0	Â	Â	Â	Â	Â	01/03/2008	(<u>3)</u>	Common Stock	2,800

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Reporting Owners

Reporting Owner Name / Address	Relationships						
1 8 9	Director	10% Owner	Officer	Other			
TURNER MARTA JONES 1919 FLOWERS CIRCLE THOMASVILLE, GA 31757	Â	Â	SVP of Corporate Relations	Â			
Signaturaa							

Signatures

Stephen R. Avera, Agent	02/02/2007
**Signature of Reporting Person	Date

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) Total includes exempt acquisitions of shares allocated to reporting person in Issuer's 401(k) Plan, as of the 2006 fiscal year end, 12/30/2006.
- (2) Granted pursuant to the Flowers Foods, Inc. 2001 Equity and Performance Incentive Plan.
- (3) Grant expires 01/03/2008 if performance measures are not met.

Note: File three copies of this Form, one of which must be manually signed. If space provided 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.