TURNER MARTA JONES

Form 4

February 09, 2010

FORM 4

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

OMB 3235-0287 Number:

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OMB APPROVAL

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

January 31, Expires: 2005

0.5

Form 4 or Form 5 obligations may continue.

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

response...

See Instruction 1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * TURNER MARTA JONES			2. Issuer Name and Ticker or Trading Symbol FLOWERS FOODS INC [FLO]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)		
(Last) (First) (Mic		iddle)	3. Date of Earliest Transaction	(====== an application)		
1919 FLOWERS CIRCLE			(Month/Day/Year) 02/09/2010	Director 10% OwnerX Officer (give title Other (specify below) EVP / Corporate Relations		
(Street)			4. If Amendment, Date Original	6. Individual or Joint/Group Filing(Check		
THOMASVILLE, GA 31757			Filed(Month/Day/Year)	Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person		

(City)	(State)	(Zip) Table	e I - Non-D	erivative	Secur	rities Acq	uired, Disposed of	f, or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactic Code (Instr. 8)	4. Securi on(A) or D (Instr. 3,	ispose 4 and (A) or	ed of (D)	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 Indirect Beneficial Ownership (Instr. 4)
Common Stock	02/09/2010		M	5,340	A	\$ 24.24	52,797	D	
Common Stock	02/09/2010		F	1,924	D	\$ 24.24	50,873	D	
Common Stock							265	Ι	By 401(k)

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

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number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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. Transactio Code (Instr. 8)	Deriva Securi Acqui	ties red (A) posed of 3, 4,	Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Share
Restricted Stock Award (2)	\$ 0	02/09/2010		A	890		02/04/2010	<u>(1)</u>	Common Stock	890
Restricted Stock Award (2)	\$ 0	02/09/2010		M		5,340	02/04/2010	<u>(1)</u>	Common Stock	5,340
Option (Right to Buy) (2)	\$ 18.68						01/03/2009	01/03/2013	Common Stock	13,575
Option (Right to Buy) (2)	\$ 19.57						02/05/2010	02/05/2014	Common Stock	14,625
Option (Right to Buy) (2)	\$ 24.75						02/04/2011	02/04/2015	Common Stock	17,950
Option (Right to Buy) (2)	\$ 23.84						02/09/2012	02/09/2016	Common Stock	17,450
Restricted Stock Award (2)	\$ 0						02/09/2011	<u>(1)</u>	Common Stock	3,600

Reporting Owners

Reporting Owner Name / Address	Relationships							
r g	Director	10% Owner	Officer	Other				
TURNER MARTA JONES 1919 FLOWERS CIRCLE THOMASVILLE, GA 31757			EVP / Corporate Relations					

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Signatures

/s/ Stephen R. Avera, 02/09/2010 Agent

**Signature of Reporting Date
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).
- (1) Grant expires on Exercisable Date if performance measures are not met.
- (2) Granted pursuant to the Flowers Foods, Inc. 2001 Equity and Performance Incentive Plan.
- (3) Total includes exempt acquisitions of shares allocated to reporting person in Issuer's 401(k) Plan, as of 12/31/2009.

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.

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