CHECKERS DRIVE IN RESTAURANTS INC /DE

```
Form 4
```

```
April 17, 2002
```

```
UNITED STATES SECURITIES AND EXCHANGE COMMISSION
WASHINGTON, D.C. 20549
FORM 4
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
( ) Check this box if no longer subject to Section 16.
Form 4 or Form 5 obligations may continue. See Instructions 1(b).
1. Name and Address of Reporting Person
KOEHLER, DAVID G.
5006 DAVENSHIRE WAY
TAMPA, FL 33647
U.S.A.
2. Issuer Name and Ticker or Trading Symbol
CHECKERS DRIVE-IN RESTAURANTS, INC. (CHKR)
3. IRS or Social Security Number of Reporting Person (Voluntary)
4. Statement for Month/Year
MARCH 2002
5. If Amendment, Date of Original (Month/Year)
6. Relationship of Reporting Person(s) to Issuer (Check all applicable)
( ) Director ( ) 10% Owner ( X ) Officer (Give Title Below)
( ) Other (Specify Below)
       CHIEF FINANCIAL OFFICER/TREASURER
7. Individual or Joint/Group Filing (Check Applicable)
(X ) Form filed by One Reporting Person
   ) Form filed by More than One Reporting Person
SUBJECT COMPANY:
       COMPANY DATA:
                                                      CHECKERS DRIVE-IN RESTAURANTS, INC.
               COMPANY CONFORMED NAME:
               CENTRAL INDEX KEY:
                                                                       0000879554
                STANDARD INDUSTRIAL CLASSIFICATION:
                                                               RETAIL-EATING PLACES [5812]
                IRS NUMBER:
                                                                       581654960
                STATE OF INCORPORATION:
                                                               DΕ
               FISCAL YEAR END:
                                                                       1231
                                                                       000-19649
               SEC FILE NUMBER:
        BUSINESS/MAILING ADDRESS:
               STREET 1:
                                                                               4300 WEST CYPRESS
               CITY:
                                                                               TAMPA
```

STATE: FL

ZIP: 33607 BUSINESS PHONE: 8132837000

Table I Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

Title of Non-Derivative Security Transaction Date Transaction Code

Security Amount Securities Acquired/ Disposed (A/D)

Securities Price Amount Beneficially Owned at End of the Month Ownership Direct or Indirect

Nature of Indirect Beneficial Ownership
Common Stock
03/12/02
A
1,000
A
\$10.18
1,000
D

Table II Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)
Title of Derivative Security
Conversion or Exercise Price
Transaction Date
Transaction Code
Securities Acquired/
Disposed
Date Exercisable
Expiration Date
Title
Number of Shares

Price of Security Number Beneficially Owned End of Month Ownership Direct or Indirect Nature of Indirect Beneficial Ownership Explanation of Responses: Signature of Reporting Person Date nse...0.5

(Print or Type Responses)

1. Name and Address of Reporting Person ** Ramamurthy Chandrasekhar				2. Issuer Name and Ticker or Trading Symbol Towers Watson & Co. [TW]				5. Relationship of Reporting Person(s) to Issuer				
(Last) (First) (Middle)								(Check all applicable)				
875 THIRD AVENUE (Street)				(Month/Day/Year) 03/04/2010				Director 10% Owner _X_ Officer (give title Other (specify below) Managing Director, EMEA				
				4. If Amendment, Date Original Filed(Month/Day/Year)				6. Individual or Joint/Group Filing(CheckApplicable Line)_X_ Form filed by One Reporting Person				
NEW YO	ORK, NY 100	022						Form filed by N Person	More than One Re	porting		
(City)	(State)	(Zip))	Table I - Non-l	Derivative	Securities A	Acqı	uired, Disposed of	f, or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	2. Transacti (Month/Day	any	ecution Date,	Code	4. Securiti nAcquired Disposed (Instr. 3, 4	(A) or of (D)	See Be Ov Fo Re Tr (II	ecurities Feneficially (wned (Form: Direct D) or Indirect I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
		Table II		e Securities Acq calls, warrants	displa numbe	ys a curre er. posed of, or	ently r Bei	d unless the form y valid OMB con neficially Owned urities)				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transactic (Month/Day	any	Execution Date, if	4. 5. Number Transaction Derivati Code Securities (Instr. 8) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		tive of	(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 Shares	
Stock Option- Right to Buy	\$ 45.88	03/04/2	010		A	8,667		03/04/2010(1)	03/04/2017	Class A Common Stock	8,667	
Stock Option-	\$ 42.47							01/01/2010	09/09/2016	Class A Common	9,365	

Right to Stock

Buy

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Ramamurthy Chandrasekhar 875 THIRD AVENUE NEW YORK, NY 10022

Managing Director, EMEA

Signatures

/s/Karl Chen, attorney-in-fact for Mr. Ramamurthy

03/08/2010

**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).

The option vests immediately and has a term of seven (7) years following the date of grant. The vested options terminate: (i) within three (1) (3) years following the date of retirement or disability; (ii) within one (1) year after death or an involuntary termination; or (iii) on date of termination, if termination is due to any other reason including but not limited to a voluntary termination or a termination for cause.

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.

Reporting Owners 5