BEATY MICHAEL A Form 5/A

February 24, 2005

#### **OMB APPROVAL** FORM 5

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

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

2005 Estimated average burden hours per response... 1.0

3235-0362

January 31,

**OMB** 

Number:

Expires:

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, 1(b). Form 3 Holdings Section 17(a) of the Public Utility Holding Company Act of 1935 or Section Reported 30(h) of the Investment Company Act of 1940 Form 4

Transactions Reported

1. Name and Address of Reporting Person \* 2. Issuer Name and Ticker or Trading 5. Relationship of Reporting Person(s) to Issuer **BEATY MICHAEL A** Symbol FLOWERS FOODS INC [FLO] (Check all applicable) (First) (Middle) 3. Statement for Issuer's Fiscal Year Ended (Last) (Month/Day/Year) Director 10% Owner 01/01/2005 \_X\_\_ Officer (give title Other (specify below) below) 1919 FLOWERS CIRCLE SVP/Supply Chain (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Reporting Filed(Month/Day/Year) (check applicable line) 02/14/2005 THOMASVILLE, Â GAÂ 31757 \_X\_ Form Filed by One Reporting Person Form Filed by More than One Reporting

(State)

(Zin)

(City)

Person

(City)	(State) (2	Table	I - Non-Deriv	vative Sec	urities	S Acqui	red, Disposed o	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. Transaction Code (Instr. 8)	4. Securit Acquired Disposed (Instr. 3,	(A) of of (D)	)	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	27,632 (1)	D	Â
Common Stock	Â	Â	Â	Â	Â	Â	328.19 (2)	I	By 401(k)
Common Stock	Â	Â	Â	Â	Â	Â	481 (3)	I	By Spouse

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

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.

**SEC 2270** (9-02)

## Edgar Filing: BEATY MICHAEL A - Form 5/A

# 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. Transaction Code (Instr. 8)	5. Number of Derivati Securitic Acquire (A) or Dispose of (D) (Instr. 3, 4, and 5)	Expiration D (Month/Day/ ve es d			7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
					(A) (D	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Option (Right to Buy) (4)	\$ 9.47	Â	Â	Â	Â	04/06/2003	5 04/06/2011	Common Stock	49,050	
Option (Right to Buy) (4)	\$ 21.02	Â	Â	Â	Â	07/16/2001	07/16/2013	Common Stock	51,150	

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
<b></b>	Director	10% Owner	Officer	Other			
BEATY MICHAEL A 1919 FLOWERS CIRCLE THOMASVILLE, GA 31757	Â	Â	SVP/Supply Chain	Â			

# **Signatures**

Person

Stephen R. Avera,
Agent

\*\*Signature of Reporting

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) The total amount of shares beneficially owned previously shown in Form 5/A filed 02/17/2004 was incorrectly stated.
- Total includes exempt transactions in shares allocated to reporting person in Issuer's 401(k) Plan, as of the 2004 fiscal year end, 01/01/2005.
- (3) Beneficial ownership is disclaimed.
- (4) Granted pursuant to the Flowers Foods, Inc. 2001 Equity and Performance Incentive Plan.

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.

Reporting Owners 2