CHECKERS DRIVE IN RESTAURANTS INC /DE

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Form 4
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January 10, 2003
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UNITED STATES SECURITIES AND EXCHANGE COMMISSION
                                                                                     OMB APPRO
WASHINGTON, D.C. 20549 OMB Number: 3235-0287
   STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
                                                                    Expires: January 31, 200
Estimated average burden
hours per response. . . . 05
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(f)
of the Investment Company Act of 1940
              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
DOSTER, BRIAN R.
6104 SCHOONER WAY
TAMPA, FL 33615
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/Day/Year
JANUARY 9, 2003
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)
VICE PRESIDENT, CORPORATE COUNSEL AND SECRETARY
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]
                                                                     581654960
               IRS NUMBER:
               STATE OF INCORPORATION:
                                                              DΕ
               FISCAL YEAR END:
                                                                      1231
               SEC FILE NUMBER:
                                                                      000-19649
       BUSINESS/MAILING ADDRESS:
               STREET 1:
                                                                              4300 WEST CYPRESS
               CITY:
                                                                             TAMPA
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STATE: FL

ZIP: 33607

8132837000 BUSINESS PHONE:

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

Title of Non-Derivative Security Transaction Date

Transaction Code

Securities Acquired (A) or Disposed (D) Amount Beneficially Owned at End of Month Ownership Form: Direct or Indirect

Nature of Indirect Beneficial Ownership

Code V Amount A/D Price

Common Stock 01/09/03 V 140.4242 \$6.61446 2,039.1437

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

Number of Securities Acquired or Disposed

Date Exercisable

Expiration Date
Title of
Securities
Amount of Underlying Securities
Price of Security
Number Beneficially Owned End of Month
Ownership Direct or Indirect
Nature of Indirect Beneficial Ownership

Code

V

(A)

(D)

| Explanation of Responses: | |
|-------------------------------|------|
| | |
| | |
| | |
| Signature of Reporting Person | Date |

size="2">*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)Issued pursuant to the First BanCorp 2008 Omnibus Incentive Plan, as amended. The shares will vest as follow: one hundred percent (100%) of the shares will vest on the second anniversary date of the grant. Notwithstanding vesting, the reporting person will be restricted from transferring the shares pursuant to additional TARP related restrictions.

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.