FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number:	3235-028									

37 Estimated average burden hours per response: 0.5

	Check this box if no longer subject to
١	Section 16. Form 4 or Form 5 obligations may continue. See
J	obligations may continue. See
	Instruction 1(h)

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

								()				1 7											
Name and Address of Reporting Person*							2. Issuer Name and Ticker or Trading Symbol BIG 5 SPORTING GOODS CORP [BGFV]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
MEADE GARY S					1	١ ١										Direc	ctor	1	.0% C	wner			
		,-·				-	oto c	of Carling	t Trans	action (M	onth/l	Dou/Voor)			\dashv	X	Officer (give title below)			Other (spo			
(Last) (First) (Middle)							3. Date of Earliest Transaction (Month/Day/Year)										Se	nior VP G	eneral Co	neral Counsel			
C/O BIG	5 SPOR	TIN	IG GOODS CO	RPORAT	ION	00/	06/21/2010										ÜC.	11101 11, 0	cherar Ce	unsc			
2525 EAST EL SEGUNDO BLVD																							
2020 L/1	JI LL J	LU	ONDO BEV B			1 If	4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable						
						- 4. "	4. II Amenument, Date of Original Filed (Month/Day/Year)									Line)							
(Street)																	X Form filed by One Reporting Person						
EL SEGU	JNDO	CA	. 9	0245												21		•					
						.											Form filed by More than One Reporting Person						
(City)		(Sta	ito) (Zip)													. 0.0	0					
(City)		(Sta	(a	<u></u>																			
			Tabl	e I - Non	ı-Deriv	ative	Se	curitie	s Acc	quired,	Dis	posed o	f, or	Bene	efici	ally (Owne	ed					
1. Title of S	Security (I	nstr.	. 3)		2. Trans	saction	ction 2A. Deemed				3. 4. Securities Acquired (A)							ount of	6. Owners		7. Nature		
			-		Date (Month)	DaylVa		Execution Date,					Disposed Of (D) (Instr. 3, 4		3, 4 a			ties cially	Form: Direct (D) or Indirect	of Indirect Beneficial			
					(WOTILIT	Dayric	Day/Year) if any (Month/Day						")					l Following	(I) (Instr. 4)	Ownership			
									<u> </u>			(4) av					Reported Transaction(s)			(Instr. 4)			
										Code	l۷	Amount	(A) or (D)		Price			3 and 4)					
							/2010		G		262				00		4.500						
COMMON STOCK, PAR VALUE \$.01 06/21						1/2010	⁾				V	362	D		\$	\$0		4,593	D				
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			Id	ble II - D. ا)								onvertib					viieu						
1. Title of	2.	П	3. Transaction	4.		5. Number 6		6. Date Ex	6. Date Exercisable and			7. Title and			ice of	9. Number o	of 10.	10.					
Derivative	Conversi	on	Date (Month/Day/Year)	3A. Deeme Execution		Transa		on of I		Expiration	Expiration Date A			Amount of		Derivative		derivative	Owner	Ownership	11. Nature of Indirect		
Security (Instr. 3)	or Exerci Price of	se		if any (Month/Da	//	Code (8)	Instr.			(Month/D	ay/Ye	ar)		Securities		Security		Securities Beneficially	Form:	(D)	Beneficial Ownership		
(111511. 3)	Derivativ	e		(WOITHII/Da	yr rear)	0)	,		Acquired				Deri	Underlying Derivative		(Instr. 5)		Owned		Direct (D) or Indirect	(Instr. 4)		
Security						(A) or Disposed of (D) (Instr. 3, 4			Security (Instr.					str. 3	3		Following	(I) (Ins	tr. 4)	`			
										and 4)							Reported Transaction	(s)					
																(Instr. 4)	`	1					
							and 5)							4									
								1							ount								
														or Nun	nber								
										Date		Expiration		of									
						Code	V	(A)	(D)	Exercisal	ole I	Date	Title	: Sha	res								

Explanation of Responses:

Remarks:

GARY S. MEADE

08/23/2010

** Signature of Reporting Person

Date

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

- * 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.