FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OMB APPROVAL OMB Number: 3235-

| OMB Number: | 3235-0287 | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| Estimated average burden | | | | | | | | |
| hours per response: | 0.5 | | | | | | | |
| | | | | | | | | |

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

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. Name and Address of Reporting Person* MILLER MICHAEL D DR | | | | | | 2. Issuer Name and Ticker or Trading Symbol BIG 5 SPORTING GOODS CORP [BGFV] | | | | | | | | (Che | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | |
|---|---|--|---|---------|------------------------------|---|---|----------|----------------------------------|-------|--------------------|---|---|-----------------|---|--|---|--|--|
| | | NG GOODS CO | | TION | | Date of Earliest Transaction (Month/Day/Year) ./25/2006 | | | | | | | | | Offic belo | er (give title w) | | Other (specify below) | |
| 2525 EAST EL SEGUNDO BOULEVARD (Street) EL SEGUNDO CA 90245 | | | | 4. If | Line | | | | | | | | | | ndividual or Joint/Group Filing (Check Applicable e) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | | | | |
| | | Tabl | e I - No | n-Deriv | ative | Sec | uritie | s Ac | quired | , Dis | posed o | f, or E | 3ene | ficiall | y Own | ed | | | |
| | | | 2. Transaction Date (Month/Day/Yea | | Execution Date, | | 3. Transaction Code (Instr. 8) | | 5) | | | | nnd Securities Beneficially Owned Foll Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | | Code | v | Amount | (A) (D) | or P | rice | Transaction(s) (Instr. 3 and 4) | | | | |
| COMMO | N STOCK, | PAR VALUE \$. | 01 | 01/25/ | /2006 | | | | S | | 1,000(1) | Ι | 5 | \$21.62 | 40 | 2,098 | I | By the Miller Living Trust dated December 11, 1997 | |
| COMMO! | N STOCK, | PAR VALUE \$. | 01 | 01/25/ | /2006 | | | | S | | 259 ⁽¹⁾ | Ι |) 4 | \$21.65 | 40 | 1,839 | I | By the Miller Living Trust dated December 11, 1997 | |
| COMMO | N STOCK, | PAR VALUE \$. | 01 | 01/25/ | /2006 | | | | S | | 2,839(1) | Ι |) \$ | \$21.68 | 39 | 9,000 | I | By the Miller Living Trust dated December 11, 1997 | |
| COMMON STOCK, PAR VALUE \$.01 01/25/2 | | | /2006 | 2006 | | S | | 1,000(1) | I |) | \$21.7 | 39 | 398,000 | | By the Miller Living Trust dated December 11, 1997 | | | | |
| | | Та | | | | | | | | | osed of, o | | | | Owned | | | | |
| 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. Transa Code (8) | | | | 6. Date E Expiration (Month/I | on Da | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | De Se (Ir | Price of erivative ecurity istr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownershi Form: Direct (D) or Indirect (I) (Instr. 4 | Beneficial Ownership t (Instr. 4) | |
| | | | | , | Code | v | (A) | (D) | Date Exercisa | able | Expiration Date | Title | Amor or Numl of Share | ber | | | | | |

Explanation of Responses:

^{1.} The sales reported on this Form 4 were executed pursuant to a Rule 10b5-1 trading plan.

/s/ Gary S. Meade, Attorney- 01/26/2006

In-Fact

** 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.