## Edgar Filing: MCCORKLE LEON M JR - Form 4

| MCCORKL  | E LEON M JR         |                     |                         |                               |                   |           |  |   |                                       |                        |  |
|--|---------------------|---------------------|-------------------------|-------------------------------|-------------------|-----------|--|---|---------------------------------------|------------------------|--|
| Form 4   |                     |                     |                         |                               |                   |           |  |   |                                       |                        |  |
| April 26, 200  |                     |                     |                         |                               |                   |           |  |   |                                       |                        |  |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSIO |                     |                     |                         |                               |                   |           |  | OMMISSION   | OMB APPROVAL                          |                        |  |
|  | UNITE               | DSIALE              |                         | shington,                     |                   |           | INGE U   | OWINII55ION   | OMB<br>Number:                        | 3235-0287              |  |
| Check th   | is box              |                     | ··· a                   | sinington,                    | , <b>D</b> .C. 20 | 547       |  |   |                                       | January 31,            |  |
| if no longer STATEMENT OF CHA                          |                     |                     |                         | NGES IN BENEFICIAL OWN        |                   |           |  | ERSHIP OF   | Expires:                              | 2005                   |  |
| Statement of Char<br>Section 16.                       |                     |                     |                         | SECURITIES                    |                   |           |  |   | Estimated average<br>burden hours per |                        |  |
| Form 4 o   |                     |                     |                         |                               |                   |           |  |   | response 0.5                          |                        |  |
| Form 5<br>obligatio                                    | <b>n</b> o <b>*</b> |                     |                         |                               |                   |           | •  | Act of 1934,  |                                       |                        |  |
| may cont   | tinue. Section 1    |                     |                         | tility Hole                   | •                 | -         | •  | 1935 or Section                                     | 1                                     |                        |  |
| See Instruction 1(b).                                  | uction              | 50(II)              |                         | ivestillent                   | Compa             | Iy At     | 1 01 1940  | 0   |                                       |                        |  |
|  |                     |                     |                         |                               |                   |           |  |   |                                       |                        |  |
| (Print or Type I                                       | Responses)          |                     |                         |                               |                   |           |  |   |                                       |                        |  |
| 1 Nome and A   | Address of Reporti  | na Doncon *         |                         |                               |                   |           |  | 5 Deletionship of                                   | Donostin a Dosa                       | an(a) to               |  |
|  | LE LEON M JF        | -                   | 2. Issue<br>Symbol      | er Name and Ticker or Trading |                   |           |  | 5. Relationship of Reporting Person(s) to<br>Issuer |                                       |                        |  |
|  |                     |                     | •                       | DYS INTERNATIONAL INC         |                   |           |  |   |                                       |                        |  |
|  |                     |                     | [WEN]                   |                               |                   |           |  | (Check all applicable)                              |                                       |                        |  |
| (Last)   | (First)             | (Middle)            | 3. Date o               | f Earliest Ti                 | ransaction        |           |  | Director  |                                       | Owner                  |  |
| (Month/I   |                     |                     |                         | nth/Day/Year)                 |                   |           |  | _X_ Officer (give title Other (specify below)       |                                       |                        |  |
|  | INTERNATIO          | NAL,                | 04/22/2                 | 005                           |                   |           |  | · ·   | & SECRETA                             | RY                     |  |
| INC., P. O.  | BOX 256             |                     |                         |                               |                   |           |  |   |                                       |                        |  |
| (Street) 4. If Ame<br>Filed(Mo                         |                     |                     | nendment, Date Original |                               |                   |           | 6. Individual or Joint/Group Filing(Check                  |   |                                       |                        |  |
|  |                     |                     | nth/Day/Year            | r)                            |                   |           | Applicable Line)<br>_X_ Form filed by One Reporting Person |   |                                       |                        |  |
| DUBLIN, C  | OH 43017-0256       | 5                   |                         |                               |                   |           |  | Form filed by M<br>Person                           |                                       |                        |  |
| (City)   | (State)             | (Zip)               | Tab                     | le I - Non-I                  | Derivative        | Secu      | rities Acqu  | iired, Disposed of                                  | , or Beneficiall                      | y Owned                |  |
| 1.Title of   | 2. Transaction D    |                     |                         | 3.                            | 4. Securi         |           |  | 5. Amount of  | 6.                                    | 7. Nature of           |  |
| Security<br>(Instr. 3)                                 | (Month/Day/Yea      | ar) Executio<br>any | n Date, if              | Transactio<br>Code            | (Instr. 3,        | -         |  | Securities<br>Beneficially                          | Ownership<br>Form: Direct             | Indirect<br>Beneficial |  |
| (  |                     |                     | Day/Year) (Instr. 8)    |                               |                   | - /       | Owned  | Owned (D) or  |                                       |                        |  |
|  |                     |                     |                         |                               |                   |           |  | Following<br>Reported                               | Indirect (I)<br>(Instr. 4)            | (Instr. 4)             |  |
|  |                     |                     |                         |                               |                   | (A)       |  | Transaction(s)                                      | (1130.4)                              |                        |  |
|  |                     |                     |                         | Code V                        | Amount            | or<br>(D) | Price  | (Instr. 3 and 4)                                    |                                       |                        |  |
| Common   | 04/22/2005          |                     |                         | F                             | 725               | D         | \$   | 8,850   | D                                     |                        |  |
| Stock $(1)$  | 0712212003          |                     |                         | 1                             | 125               | D         | 40.905   | 0,050   | D                                     |                        |  |

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.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative | 3. Transaction Date<br>(Month/Day/Year) | 4.<br>Transac<br>Code<br>(Instr. 8) | 5.<br>tionNumber<br>of<br>) Derivativ<br>Securities |                     | Date               | 7. Title<br>Amou<br>Under<br>Securi<br>(Instr | nt of<br>lying               | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Nu<br>Deriv<br>Secu<br>Bene<br>Own |
|---|---|---|-------------------------------------|---|---------------------|--------------------|---|------------------------------|---|---------------------------------------|
|   | Security  |   |                                     | Acquired<br>(A) or<br>Disposed                      |                     |                    | (mou.   | o und T)                     |   | Follo<br>Repo<br>Trans                |
|   |   |   |                                     | of (D)<br>(Instr. 3,<br>4, and 5)                   |                     |                    |   |                              |   | (Instr                                |
|   |   |   |                                     |   | Date<br>Exercisable | Expiration<br>Date | Title   | Amount<br>or<br>Number<br>of |   |                                       |
| _   |   |   | Code V                              | V (A) (D)   |                     |                    |   | Shares                       |   |                                       |

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## **Reporting Owners**

| <b>Reporting Owner Name / Address</b>   |            | Relationships |                     |       |  |  |  |  |  |
|---|------------|---------------|---------------------|-------|--|--|--|--|--|
|   | Director   | 10% Owner     | Officer             | Other |  |  |  |  |  |
| MCCORKLE LEON M JR<br>WENDY'S INTERNATIONAL, IN<br>P. O. BOX 256<br>DUBLIN, OH 43017-0256 | JC.        |               | EVP, GC & SECRETARY |       |  |  |  |  |  |
| Signatures  |            |               |                     |       |  |  |  |  |  |
| LEON M<br>MCCORKLE, JR.   | )4/26/2005 |               |                     |       |  |  |  |  |  |
| <u>**</u> Signature of Reporting<br>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).
- (1) SHARES SHOWN ON TABLE 1 INCLUDE SHARES ACQUIRED PURSUANT TO THE DIVIDEND REINVESTMENT PROVISIONS OF A RESTRICTED STOCK AWARD MADE UNDER THE ISSUER'S 2003 STOCK INCENTIVE PLAN.

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.