

**STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP**

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

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

1. Name and Address of Reporting Person* <u>AMERICAN HALLMARK INSURANCE Co OF TEXAS</u>  (Last) (First) (Middle) 777 MAIN STREET, SUITE 1000  (Street) FORT WORTH TX 76102  (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <u>PIZZA INN INC /MO/ [ PZZI ]</u>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title below) <input checked="" type="checkbox"/> Other (specify below) see attached explanation
	3. Date of Earliest Transaction (Month/Day/Year) 01/28/2010	
		6. Individual or Joint/Group Filing (Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person

**Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially 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. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			
Common Stock	01/28/2010		P		6,800	A	\$1.65	476,984	D <sup>(1)(2)</sup>	

**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)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V	(A)	(D)					

1. Name and Address of Reporting Person\*  
AMERICAN HALLMARK INSURANCE Co OF TEXAS  
 (Last) (First) (Middle)  
 777 MAIN STREET, SUITE 1000  
 (Street)  
 FORT WORTH TX 76102  
 (City) (State) (Zip)

1. Name and Address of Reporting Person\*  
NEWCASTLE CAPITAL MANAGEMENT LP  
 (Last) (First) (Middle)  
 200 CRESCENT COURT STE 1400  
 (Street)  
 DALLAS TX 75201  
 (City) (State) (Zip)

1. Name and Address of Reporting Person\*  
NEWCASTLE CAPITAL GROUP LLC  
 (Last) (First) (Middle)  
 200 CRESCENT COURT

STE 1400

(Street)

DALLAS TX 75201

(City)

(State)

(Zip)

1. Name and Address of Reporting Person\*

[HALLMARK FINANCIAL SERVICES INC](#)

(Last)

(First)

(Middle)

777 MAIN STREET  
STE 1000

(Street)

FORT WORTH TX 76102

(City)

(State)

(Zip)

1. Name and Address of Reporting Person\*

[SCHWARZ MARK E](#)

(Last)

(First)

(Middle)

200 CRESCENT COURT  
STE 1400

(Street)

DALLAS TX 75201

(City)

(State)

(Zip)

1. Name and Address of Reporting Person\*

[Coleman Clinton J](#)

(Last)

(First)

(Middle)

C/O NEWCASTLE CAPITAL MANAGEMENT, L.P.  
200 CRESCENT COURT, SUITE 1400

(Street)

DALLAS TX 75201

(City)

(State)

(Zip)

1. Name and Address of Reporting Person\*

[NEWCASTLE PARTNERS L P](#)

(Last)

(First)

(Middle)

200 CRESCENT COURT  
STE 1400

(Street)

DALLAS TX 75201

(City)

(State)

(Zip)

**Explanation of Responses:**

1. Purchase made by American Hallmark Insurance Company of Texas (AHIC). The Reporting Persons are members of a "group" for purposes of Section 13d3 of the Securities Exchange Act of 1934, as amended and accordingly may be deemed to beneficially own Shares of the Issuer's Common Stock owned in the aggregate by the other members of the Section 13d group. The Section 13d group consists of Newcastle Partners LP (NP), Newcastle Capital Management LP (NCM), Newcastle Capital Group LLC (NCG), Hallmark Financial Services Inc. (Hallmark), AHIC, Mark E. Schwarz and Clinton J. Coleman. Each Reporting Person disclaims beneficial ownership of the shares of the Issuer's Common Stock owned by the other members of the Section 13d group except to the extent of its pecuniary interest therein.

2. NCM is the general partner of each of NP. NCG is the general partner of NCM, and Schwarz is the managing member of NCG. Accordingly, each of NCM, NCG and Schwarz may be deemed to beneficially own the shares directly owned by NP. In addition, Hallmark is the parent company of AHIC and, accordingly, may be deemed to beneficially own the shares directly owned by AHIC.

[American Hallmark Insurance Company of Texas](#) 02/01/2010

[Newcastle Capital Management, L.P., its general partner, By: Newcastle Capital Group, L.L.C. its general partner, By: /s/ Mark E. Schwarz, its managing member](#) 02/01/2010

[Newcastle Capital Group, L.L.C. its general partner, By:](#) 02/01/2010

/s/ Mark E. Schwarz, its  
managing member  
Hallmark Financial Services,  
Inc. 02/01/2010  
/s/ Mark E. Schwarz 02/01/2010  
/s/ Clinton J. Coleman 02/01/2010  
Newcastle Partners, L.P., By:  
Newcastle Capital  
Management, L.P., its general  
partner, By: Newcastle Capital 02/01/2010  
Group, L.L.C. its general  
partner, By: /s/ Mark E.  
Schwarz, its managing member

\*\* 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.**