

Jackowski Julia L
Form 3
June 14, 2010

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0104
Expires: January 31, 2005
Estimated average burden hours per response... 0.5

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person *		2. Date of Event Requiring Statement	3. Issuer Name and Ticker or Trading Symbol	
Â Jackowski Julia L		(Month/Day/Year)	CASEYS GENERAL STORES INC [CASY]	
(Last)	(First)	(Middle)	06/06/2010	
ONE CONVENIENCE BLVD.,Â PO BOX 3001			4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
(Street)			(Check all applicable)	
ANKENY,Â IAÂ 50021			<input type="checkbox"/> Director <input type="checkbox"/> 10% Owner	6. Individual or Joint/Group Filing(Check Applicable Line)
(City)	(State)	(Zip)	<input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Form filed by One Reporting Person
			(give title below) (specify below)	<input type="checkbox"/> Form filed by More than One Reporting Person
			Senior VP and General Counsel	

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	2,856	I	Voting and tender rights under 401K plan ⁽¹⁾
Common Stock	4,500	D	Â

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

SEC 1473 (7-02)

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

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security	4. Conversion or Exercise	5. Ownership Form of	6. Nature of Indirect Beneficial Ownership
--	--	--	---------------------------	----------------------	--

Edgar Filing: Jackowski Julia L - Form 3

	Date Exercisable	Expiration Date	(Instr. 4) Title	Amount or Number of Shares	Price of Derivative Security	Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	(Instr. 5)
Option - right to buy ⁽²⁾	05/24/2002	05/24/2011	Common Stock	2,000	\$ 11.74	D	Â
Option - right to buy ⁽²⁾	06/06/2006	06/06/2013	Common Stock	2,500	\$ 14.08	D	Â
Option - right to buy ⁽²⁾	07/05/2010	07/05/2015	Common Stock	10,000	\$ 20.68	D	Â
Option - right to buy ⁽²⁾	06/25/2010	06/25/2017	Common Stock	10,000	\$ 26.92	D	Â
Option - right to buy ⁽²⁾	06/23/2012	06/23/2019	Common Stock	12,500	\$ 25.26	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Jackowski Julia L ONE CONVENIENCE BLVD. PO BOX 3001 ANKENY, IA 50021	Â	Â	Â Senior VP and General Counsel	Â

Signatures

William J. Noth, under POA dated June 8, 2010

06/14/2010

 **Signature of Reporting Person

 Date

Explanation of Responses:

* If the form is filed by more than one reporting person, *see* Instruction 5(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) Allocated to Ms. Jackowski's 401k plan account as of April 30, 2010. Does not include any shares allocated by the plan trustee after that date.

(2) Pursuant to terms and conditions of 2000 Stock Option 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.