

CAPPUCINO TERESA  
Form 3  
September 16, 2005

**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 <b>and</b> Ticker or Trading Symbol	
Â CAPPUCINO TERESA			(Month/Day/Year)		BEBE STORES INC [BEBE]	
(Last)	(First)	(Middle)	09/08/2005		4. Relationship of Reporting Person(s) to Issuer	
400 VALLEY DRIVE					5. If Amendment, Date Original Filed(Month/Day/Year)	
(Street)					(Check all applicable)	
BRISBANE,Â CAÂ 94005-1208					6. Individual or Joint/Group Filing(Check Applicable Line)	
(City)	(State)	(Zip)			<input type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other (give title below) (specify below) Sr Director Pre Production	
					<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 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)
---------------------------------	---	--	---

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 (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Title	Amount or Number of Shares		
	Expiration Date				

Edgar Filing: CAPPUCCINO TERESA - Form 3

Incentive Stock Option (right to buy)	09/26/2001 <sup>(1)</sup>	06/26/2007	Common Stock	2,873	\$ 0.53	D	Â
Incentive Stock Option (right to buy)	08/02/2004 <sup>(1)</sup>	08/01/2010	Common Stock	25,689	\$ 2.95	D	Â
Incentive Stock Option (right to buy)	08/12/2009 <sup>(1)</sup>	08/12/2014	Common Stock	11,250	\$ 7.71	D	Â
Incentive Stock Option (right to buy)	07/27/2005 <sup>(1)</sup>	07/27/2011	Common Stock	16,875	\$ 9.08	D	Â
Incentive Stock Option (right to buy)	09/08/2009 <sup>(1)</sup>	09/08/2015	Common Stock	10,000	\$ 18.29	D	Â

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
CAPPUCCINO TERESA 400 VALLEY DRIVE BRISBANE, CA 94005-1208	Â	Â	Â Sr Director Pre Production	Â

## Signatures

Teresa  
Cappuccino 09/16/2005

\*\*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) The Option becomes exercisable at the rate of 20% in the first year, 20% in the second year and 30% in each of the third and fourth years.
- 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.