

**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

OMB APPROVAL	
OMB Number:	3235-0104
Estimated average burden hours per response:	0.5

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* <u>Fidelity National Financial, Inc.</u> <hr/> (Last) (First) (Middle) <u>601 RIVERSIDE AVENUE</u> <hr/> (Street) <u>JACKSONVILLE FL 32204</u> <hr/> (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) <u>09/19/2012</u>	3. Issuer Name and Ticker or Trading Symbol <u>ALEXANDERS J CORP [ JAX ]</u>	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) Other (specify below)	5. If Amendment, Date of Original Filed (Month/Day/Year)  6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person <input checked="" 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)
Common Stock, par value \$0.05 per share	4,451,627 <sup>(1)</sup>	I	By New Athena Merger Sub Inc. <sup>(2)</sup>

**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: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			

1. Name and Address of Reporting Person* <u>Fidelity National Financial, Inc.</u> <hr/> (Last) (First) (Middle) <u>601 RIVERSIDE AVENUE</u> <hr/> (Street) <u>JACKSONVILLE FL 32204</u> <hr/> (City) (State) (Zip)
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1. Name and Address of Reporting Person* <u>Fidelity National Special Opportunities, Inc.</u> <hr/> (Last) (First) (Middle) <u>C/O FIDELITY NAT'L.INFO.SERVICES, INC.</u> <u>601 RIVERSIDE AVENUE</u> <hr/> (Street) <u>JACKSONVILLE FL 32204</u> <hr/> (City) (State) (Zip)
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1. Name and Address of Reporting Person* <u>New Athena Merger Sub, Inc.</u> <hr/> (Last) (First) (Middle) <u>C/O FIDELITY NATIONAL FINANCIAL, INC.</u> <u>601 RIVERSIDE AVENUE</u> <hr/> (Street) <u>JACKSONVILLE FL 32204</u> <hr/> (City) (State) (Zip)
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**Explanation of Responses:**

1. Reflects shares purchased in a tender offer.

2. The shares are held by New Athena Merger Sub, Inc. ("New Athena"). New Athena is a direct, wholly-owned subsidiary of Fidelity National Special Opportunities, Inc. ("FNSO"). FNSO is a direct, wholly-owned subsidiary of Fidelity National Financial, Inc. ("Parent"). The shares may also be deemed to be indirectly beneficially owned by Parent and FNSO.

**Remarks:**

FIDELITY NATIONAL  
FINANCIAL, INC. By: /s/  
Michael L. Gravelle Executive 09/25/2012  
Vice President, General  
Counsel and Corporate  
Secretary

FIDELITY NATIONAL  
SPECIAL OPPORTUNITIES,  
INC. By: /s/ Michael L. 09/25/2012  
Gravelle, Executive Vice  
President, General Counsel and  
Corporate Secretary

NEW ATHENA MERGER  
SUB, INC. By: /s/ Michael L.  
Gravelle, Executive Vice 09/25/2012  
President, General Counsel and  
Corporate Secretary

\*\* 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 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).

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.**