

OMB Number:	3235-0104
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 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person * <u>Jumana Capital Investments LLC</u>  (Last) (First) (Middle) 1717 SAINT JAMES PLACE, SUITE 335  (Street) HOUSTON TX 77056  (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 10/14/2024	3. Issuer Name and Ticker or Trading Symbol <u>RED ROBIN GOURMET BURGERS INC [ RRGB ]</u>	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director _____ 10% Owner _____ Officer (give title below) <input checked="" type="checkbox"/> Other (specify below) <u>See Footnote 1</u>	5. If Amendment, Date of Original Filed (Month/Day/Year) 10/17/2024  6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person _____ Form filed by More than One Reporting Person <input checked="" type="checkbox"/>

**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, \$0.001 par value <sup>(1)</sup>	731,441	D <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>Jumana Capital Investments LLC</u>  (Last) (First) (Middle) 1717 SAINT JAMES PLACE, SUITE 335  (Street) HOUSTON TX 77056  (City) (State) (Zip)		
--	--	--

1. Name and Address of Reporting Person * <u>Martin Christopher Ross</u>  (Last) (First) (Middle) 1717 SAINT JAMES PLACE, SUITE 335  (Street) HOUSTON TX 77056  (City) (State) (Zip)		
---	--	--

**Explanation of Responses:**

1. This Form 3/A is filed jointly by Jumana Capital Investments LLC ("Jumana Capital") and Christopher R. Martin (collectively, the "Reporting Persons"). Each of the Reporting Persons are members of a Section 13(d) group that collectively beneficially owns more than 10% of the Issuer's outstanding shares of Common Stock. The Reporting Persons disclaim beneficial ownership of the securities of the Issuer owned directly by other members of the Section 13(d) group and this report shall not be deemed an admission that the Reporting Persons are the beneficial owners of such securities for purposes of Section 16 or for any other purpose. Further, each of the Reporting Persons disclaims beneficial ownership of the shares of Common Stock reported herein except to the extent of his or its pecuniary interest therein.

2. Represents shares of Common Stock owned directly by Jumana Capital. Mr. Martin, as Manager of Jumana Capital, may be deemed to beneficially own the shares of Common Stock owned directly by Jumana Capital.

**Remarks:**

This amendment is being filed to include Christopher R. Martin as an official Reporting Person following the receipt of his edgar codes.

Jumana Capital Investments LLC  
 By: /s/ Christopher R. Martin 10/18/2024  
Manager  
/s/ Christopher R. Martin 10/18/2024

\*\* 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.**