FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

STATEMENT OF CHANGES IN 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* MULLEN DENNIS B | | | | 2. Issuer Name and Ticker or Trading Symbol RED ROBIN GOURMET BURGERS INC [RRGB] | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director 10% Owner Officer (give title below) Other (specify below) | | | | | | |
|---|----------------------|--|--|--|--|--------------|---------|--|---|--|--|---|--|---|-----------------------------------|-------------|
| 6312 S. F 200N | · | (First) S GREEN | (Middle) CIRCLE, SUITE | | e of Earlie /2005 | est Trai | nsactio | on (M | onth/Da | y/Year) | | | | | | |
| (Street) GREENWOOD VILLAGE, CO 80111 | | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting PersonForm filed by More than One Reporting Person | | | | | | |
| (City | (City) (State) (Zip) | | | | Table I - Non-Derivative Securities Acqui | | | | | | ired, Disposed of, or Beneficially Owned | | | | | |
| 1.Title of Security (Instr. 3) | | 2. Transaction Date (Month/Day/Year) | any | ution Date, if | if Co | (Instr. 8) | | 4. Securities Acquire (A) or Disposed of ((Instr. 3, 4 and 5) | | of (D) | Beneficia Reported | ant of Securities ally Owned Following d Transaction(s) | | 6. Ownership Form: | Beneficial | |
| | | | | (Month/Day/Year) | | | Code | v | (A) (Instr. 3 and 4) (Instr. 4) (Amount (D) Price | | ind 4) | | Direct (D) or Indirect (I) (Instr. 4) | Ownership (Instr. 4) | | |
| Common Stock | | 06/16/2005 | | | | S | | 151 | D 5 | \$ 58.23 | 3,349 | | D | | | |
| Common | Stock | | 06/16/2005 | | | | S | | 1,349 | 11) | \$ 58.21 | 2,000 | | | D | |
| Reminder: | Report on a s | eparate line f | For each class of security of the class of the class of the class of security of the class of the cl | Derivati | ive Secur | ities A | cquir | Pers cont the f | sons what somed it form dis | no responding this for splays a of, or Ben | rm are curre eficial | not requesting ntly valid | | formation spond unle trol numbe | ss | 1474 (9-02) |
| Derivative Conversion Date Security or Exercise (Month/Day/Year) | | on 3A. Deemed Execution Da any | (e.g., puts, calls, w 4. te, if Transaction Code Year) (Instr. 8) | | 5. Num of Deri Secu Acq (A) Disp of (I (Inst | 5. Number | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Ti Amo Und Secu | itle and ount of erlying urities tr. 3 and | Derivative Security (Instr. 5) | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | Owners Form of Derivat Security Direct (or Indir | Benefici Ownersh (Instr. 4) | |
| | | | | | Code V | (A) | (D) | Date Exer | e rcisable | Expiration Date | n Title | or Number of Shares | | | | |

Reporting Owners

| | Relationships | | | | | |
|--|---------------|--------------|---------|-------|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | |
| MULLEN DENNIS B 6312 S. FIDDLER'S GREEN CIRCLE SUITE 200N GREENWOOD VILLAGE, CO 80111 | X | | | | | |

Signatures

/s/ John W. Grant, Attorney in Fact 06/16/2005

| **Signature of Reporting Person | Date |
|---------------------------------|------|
| | |

Explanation of Responses:

- * 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.

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.