## 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

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1. Name and Address of Reporting Person * ORAN STUART I			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 Officer (give title below)  Other (specify below)						
(Last) (First) (Middle) 6312 S. FIDDLER'S GREEN CIRCLE, #200N			3. Date of Earliest Transaction (Month/Day/Year) 06/24/2011											
(Street)			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						
	GREENWOOD VILLAGE, CO 80111 (City) (State) (Zip)			Table I. Non Darivativa Sagurities Aggs				Acqui	nired, Disposed of, or Beneficially Owned					
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if	3. Transaction Code (Instr. 8)		T .		ired 5. Amour Beneficia		nt of Securities ally Owned Following Transaction(s)		6. Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	V A	,	(A) or (D)	Price			(I) (Instr. 4)		
Common	Stock		06/24/2011		A	1,	,872	A \$	80	5,059 (2)			D	
Reminder:	Report on a s	separate line for	r each class of secur	ities beneficially ov		Person	s who r				ction of inf			1474 (9-02)
Reminder:	Report on a s	separate line for	Table II - I	Derivative Securiti	es Acquire	Person contain the forr	s who r led in th n displa	his forn ays a c or Bene	n are urrei ficial	not requesting ntly valid	ired to res	ormation spond unle trol numbe	ss	1474 (9-02)
1. Title of Derivative Security		3. Transaction	Table II - I  (a)  3A. Deemed Execution Day (ear)	Derivative Securities, puts, calls, wa 4. Transaction Code Year) (Instr. 8)	es Acquire errants, op	Person contain the forr ed, Dispo tions, co 6. Date and Exp	s who red in the displayed of, one of the control o	his form ays a c or Bene le securi able Date ear)	ficial ities) 7. Ti Amo Und Secu (Inst	not requesting ntly valid	OMB conf	spond unle	of 10. Owners Form of Derivati Security Direct ( or Indire	11. Natu of Indire Beneficie ve (Unstr. 4)

#### **Reporting Owners**

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
ORAN STUART I 6312 S. FIDDLER'S GREEN CIRCLE, #200N GREENWOOD VILLAGE, CO 80111	X				

## **Signatures**

/s/ Attorney-in-Fact Annita M. Menogan	06/28/2011
**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).
- Represents a grant of restricted stock units under the issuer's Second Amended and Restated 2007 Equity Incentive Plan. Each restricted stock unit, once vested, will entitle (1) the reporting person to receive one share of the issuer's common stock. The units are scheduled to vest, and the shares underlying the units will be distributed, in three equal installments on the first, second and third anniversaries of the date of grant, unless earlier per the terms of the award agreement.
- (2) Consists of 5,059 restricted stock units that are subject to vesting and forfeiture restrictions. The restricted stock units were issued under the issuer's Second Amended and Restated 2007 Performance Incentive 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.