FORM 3

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APPROVAL								
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## 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

Lymph Lyoti A		Date of Event Retement (Month/I	. · · . I	3. Issuer Name and Ticker or Trading Symbol RED ROBIN GOURMET BURGERS INC [ RRGB ]							
(Last) 10000 E GEDD STE. 500 (Street) ENGLEWOOD		(Middle)  80112 (Zip)	00,2020			onship of Reporting Person(s all applicable) Director Officer (give title below) CHIEF TECHNOLOGY	10% Owner Other (spec below)	(Mo	onth/Day/Year) Individual or Joint/ Dicable Line)  X Form filed by	ie of Original Filed  Group Filing (Check  / One Reporting Person  / More than One Reporting	
Table I - Non-Derivative Securities Beneficially Owned											
					lly Owned (Instr. 4)			Nature of Indirect Beneficial Ownership (Instr. 5)			
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
1. Title of Derivative Security (Instr. 4)  2. Date Exercisable Expiration Date (Month/Day/Year)			ate	nd 3. Title and Amount of Securities U Derivative Security (Instr. 4)		Underlying	4. Conversion or Exercise	(D) or	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
		Date Exercisable	Expiration Date	Title		Amount or Number of Shares	Price of Derivative Security	Indirect (I) (Instr. 5)			

**Explanation of Responses:** 

No securities are beneficially owned.

/s/ Sarah A. Mussetter, Attorney-

in-Fact

\*\* Signature of Reporting Person Date

06/13/2023

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).