FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
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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 37 | pe Response | 3) | | | | | | | | | | | | |
|--|---|--|---|--|-------------------|---|--------------------|---|---|---|---|--|--|------------------------------------|
| 1. Name and Address of Reporting Person * STUTZ CARIN | | | | 2. Issuer Name and Ticker or Trading Symbol RED ROBIN GOURMET BURGERS INC [RRGB] | | | | | С | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
| (Last) (First) (Middle) 6312 S. FIDDLER'S GREEN CIRCLE, SUITE 200N | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/02/2017 | | | | | | | Cine | Operating | Officer | |
| (Street) GREENWOOD VILLAGE, CO 80111 | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (City) (State) (Zip) | | | | Table I - Non-Derivative Securities Acqu | | | | | | nired, Disposed of, or Beneficially Owned | | | | |
| 1.Title of Security (Instr. 3) | | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | (Instr. 8) | | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | of (D) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | | ollowing | 6. Ownership Form: Direct (D) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | (Monul/Day/Tear) | Code | V | Amount | (A) or (D) | Price | (msu. 3 a | ind 4) | | or Indirect (I) (Instr. 4) | |
| Commor | Common Stock 03/02/2 | | 03/02/2017 | | P | | 1,100 | | \$ 47.90 | 4,115 | | | I | See footnote (1) |
| Common Stock | | | | | | | | 4,771 (2 |) | | D | | | |
| Reminder: | Report on a s | separate line fo | or each class of secu | rities beneficially or | wned direc | Pers cont | ons wh ained ir | o respo | orm are | not requ | ction of inf ired to res OMB cont | pond unle | ss | 1474 (9-02) |
| | | | | Derivative Securit | - | | - | | | ly Owned | | | | |
| 1 Title of | 1 | 2 Trompostio | | (e.g., puts, calls, wa | arrants, op | tions, | convert | ible secu | urities) | | 9 Dries of | O. Naverkon | | 11 Natur |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transactio Date (Month/Day/ | on 3A. Deemed Execution Da any | (e.g., puts, calls, water, if Transaction Code Year) (Instr. 8) | arrants, op 5. | 6. Da and I (Mor | - | ible secu isable n Date | 7. Ti Amo Und Secu | itle and ount of erlying urities tr. 3 and | | 9. Number Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | of 10. Owners Form of Derivati Security Direct (or Indire | Beneficia Ownersh (Instr. 4) |

Reporting Owners

| | Relationships | | | | | | |
|--|---------------|--------------|-------------------------|-------|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | |
| STUTZ CARIN 6312 S. FIDDLER'S GREEN CIRCLE SUITE 200N GREENWOOD VILLAGE, CO 80111 | | | Chief Operating Officer | | | | |

Signatures

| /s/ Michael L. Kaplan, Attorney-in-Fact | 03/06/2017 |
|---|------------|
| | |

| **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).
- (1) The shares are held indirectly by the reporting person as trustee of Carin L. Stutz Revocable Trust U/A 2/3/2005.
- (2) Includes 4,771 restricted stock units subject to vesting and forfeiture restrictions.

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.