FORM 4

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

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number: 3235-0								
Estimated average burden								
hours per response:	0.5							

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

Evolanation	n of Respo	onses:			Code	v	(A) (D)		Date Exercisa	able	Expiration Date	or Numb of Title Share		er						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	e (Month/Day/Ye	Executi ar) if any	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)		of		Exerci on Dar Day/Ye		7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		De Se (In	erivative ecurity nstr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership t (Instr. 4)		
											sed of, o				Owne	d				
Common Stock, \$0.01 par value 12/14					/2023				S		200	D	\$	\$8.35 63		5,888	D <sup>(1)</sup>			
Common Stock, \$0.01 par value			12/14/2	12/14/2023				S		100	D	\$	8.34	636,088		<b>D</b> <sup>(1)</sup>				
Common Stock, \$0.01 par value			12/14/2	12/14/2023				S		100	D	\$	8.33	636,188		D <sup>(1)</sup>				
			12/14/2	1/2023				S		100	D	\$	8.28	636,288		D <sup>(1)</sup>				
			12/14/2	1/2023				S		752	D		8.24	636,388		D <sup>(1)</sup>				
7 - 1				14/2023				S		200	D	_	8.18	637,140		D <sup>(1)</sup>				
			4/2023				S		200	D	<u> </u>	·		7,340	D <sup>(1)</sup>					
7 1		<u> </u>	14/2023				S		170	D	+	8.12	637,690		D(1)					
7.7. 1		12/14/					S					8.1	637,860		D <sup>(1)</sup>					
			12/14/2					S		200	D	<del></del>	8.09	637,960		D(1)				
			/14/2023				S		100	D \$8.0		8.04	638,160		D <sup>(1)</sup>					
	Common Stock, \$0.01 par value			12/14/	2023			S		100	100 D		8.03	03 638,20		D <sup>(1)</sup>				
										v	Amount	(A) o (D)	r Pr	ice	Transaction(s) (Instr. 3 and 4)			\ou. <del>1</del> /		
1. Title of Security (Instr. 3)  2. Transport				2. Transac	action 2/ Day/Year) if		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)				red (A	) or	5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
		Tal	ole I - No	n-Deriva	tive S	Secu	rities	: Aca	uired.	Dist	osed of	or Be	enefi	icially	v Own	ed				
(City)	(	State)	(Zip)		Check this box to indicate that a transaction was made pursuan satisfy the affirmative defense conditions of Rule 10b5-1(c). See											ruction or wri	tten plan that is in	tended to		
SYRACI	USE I	NY ————————————————————————————————————	13203		Rul	Rule 10b5-1(c) Transaction Indication														
968 JAMES STREET  (Street)					4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting							
		RESTAURANT	GROUP,	INC.,		12/14/2023  4 If Amendment Date of Original Filed (Month/Day/Year)									VP, CFO, and Treasurer					
(Last)	3. Date of Earliest Transaction (Month/Day/Year)								=	X	below)		below	(specify )						
Name and Address of Reporting Person*     Hull Anthony E						2. Issuer Name and Ticker or Trading Symbol CARROLS RESTAURANT GROUP, INC. [ TAST ]								(Chec	Owner					
4 Name an	1 A - 1 - 1	of Donostino Dono	*		_		. ,				npany Act of Symbol			5 Rel	ationshir	of Reporti	ng Person(s) to	Issuer		

## Remarks:

/s/ Anthony E. Hull

12/18/2023

\*\* 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 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.

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.