FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL							
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Estimated average burden							
hours per response:	0.5						

## 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

1. Name and Address of Reporting Person*  CURTIS THOMAS  BENJAMIN  2. Date of Event Requiring Statemen (Month/Day/Year)  07/13/2021				statement /Year)	3. Issuer Name and Ticker or Trading Symbol CARROLS RESTAURANT GROUP, INC. [ TAST ]						
(Last) (First) (Middle) C/O BURGER KING				4. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner			5. If Amendment, Date of Original Filed (Month/Day/Year)				
CORPORATION 5707 BLUE LAGOON DRIVE					Officer (give title below)	Other (specify below)	(specify	6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person			
(Street) MIAMI	FL	33126	-					Form filed Reporting I	by More than One Person		
(City)	(State)	(Zip)									
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)				E	2. Amount of Securities Beneficially Owned (Instr. I)			4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Common Stock, \$0.01 par value					0	I	)				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
1. Title of Derivative Security (Instr. 4)  2. Date Exercisable an Expiration Date (Month/Day/Year)				ate	Underlying Derivative Security (Instr. 4) Convers		4. Conversion or Exercise Price of	ise Form:	6. Nature of Indirect Beneficial Ownership (Instr.		
			Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Derivative Security		5)		

**Explanation of Responses:** 

Remarks:

/s/ Thomas B. Curtis

07/15/2021

\*\* 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 5 (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.