FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL							
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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 Pe Smith John Davis	2. Date of Requiring (Month/Da 06/17/20	Statement y/Year)	3. Issuer Name and Ticker or Trading Symbol CARROLS RESTAURANT GROUP, INC. [TAST]						
(Last) (First) (Middle C/O CARROLS RESTAURAN GROUP, INC., 968 JAMES STREET (Street) SYRACUSE NY 1320 (City) (State) (Zip)			4. Relationship of Reportin Issuer (Check all applicable) X Director Officer (give title below)	10% C) wner (specify	File 6. Ir	ndividual or Jo eck Applicable Form filed Person	int/Group Filing e Line) by One Reporting by More than One	
Table I - Non-Derivative Securities Beneficially Owned									
1. Title of Security (Instr. 4)			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 and Expiration Date (Month/Day/Year)		Date	Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise		Form:	6. Nature of Indirect Beneficial Ownership (Instr.	
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Price of Derivative Security		Direct (D) or Indirect (I) (Instr. 5)	5)	

Explanation of Responses:

Remarks:

/s/ John D. Smith

06/24/2022

** Signature of Reporting

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.