

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 Person*<br><u>Craven Hannah Stone</u><br><br>(Last) (First) (Middle)<br><u>10 EAST 53RD STREET</u><br><u>24TH FLOOR</u><br><br>(Street)<br><u>NEW YORK NY</u> <u>10022</u><br><br>(City) (State) (Zip) | 2. Date of Event<br>Requiring Statement<br>(Month/Day/Year)<br><u>03/27/2015</u> | 3. Issuer Name <b>and</b> Ticker or Trading Symbol<br><u>CARROLS RESTAURANT GROUP, INC.</u> [ <u>TAST</u> ]   |  |
|   |  | 4. Relationship of Reporting Person(s) to Issuer<br>(Check all applicable)<br><br><input checked="" type="checkbox"/> Director 10% Owner<br><br>Officer (give title below) Other (specify below)    |  |
|   |  | 5. If Amendment, Date of Original Filed<br>(Month/Day/Year)   |  |
|   |  | 6. Individual or Joint/Group Filing (Check<br>Applicable Line)<br><br><input checked="" type="checkbox"/> Form filed by One Reporting Person<br><br>Form filed by More than One<br>Reporting Person |  |

| Table I - Non-Derivative Securities Beneficially Owned |  |   |  |
|--|--|---|--|
| 1. Title of Security (Instr. 4)                        | 2. Amount of Securities<br>Beneficially Owned (Instr. 4) | 3. Ownership<br>Form: Direct (D)<br>or Indirect (I)<br>(Instr. 5) | 4. Nature of Indirect Beneficial Ownership<br>(Instr. 5) |

| Table II - Derivative Securities Beneficially Owned<br>(e.g., puts, calls, warrants, options, convertible securities) |  |                    |  |  |   |
|---|--|--------------------|--|--|---|
| 1. Title of Derivative Security (Instr. 4)  | 2. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |                    | 3. Title and Amount of Securities<br>Underlying Derivative Security (Instr. 4) |  | 6. Nature of Indirect<br>Beneficial Ownership<br>(Instr. 5) |
|   | Date<br>Exercisable  | Expiration<br>Date | Title  | Amount<br>or<br>Number<br>of<br>Shares |   |

Explanation of Responses:

Remarks:

No securities are beneficially owned.

/s/ Hannah Stone Craven      03/30/2015  
\*\* 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.