## FORM 4

obligations may continue. See Instruction 1(b).

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to Section 16. Form 4 or Form 5

# STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

> > 7. Nature of

Indirect Beneficial Ownership

11. Nature of Indirect Beneficial Ownership (Instr. 4)

See Footnote<sup>(1)</sup>

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

1. Name and Address of Reporting Person*  MADISON DEARBORN PARTNERS II  LP  (Last) (First) (Middle)  THREE FIRST NATIONAL PLAZA						2. Issuer Name and Ticker or Trading Symbol CARROLS RESTAURANT GROUP, INC. TAST  3. Date of Earliest Transaction (Month/Day/Year) 07/02/2009								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  Officer (give title X Other (specify below)  See Remarks						
SUITE 4600					4. 11	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)  Form filed by One Reporting Person  X Form filed by More than One Reporting Person					
(City) (State) (Zip)																				
Table I - Non-Deriva  1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/					tion	2A. Exe if ar	A. Deemed xecution Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired Disposed Of (D) (Instr		d (A) or r. 3, 4 an	d 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock 07/02/20				2009	009		Code	V	1,414,940	(A) or (D)				0	nd 4)		See Footnote			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. De Execut if any	3A. Deemed Execution Date,			5. Number of				convertib	or Beneficia ble securities 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. De Se (In	Price of crivative curity str. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	Ownershi Form: Direct (D) or Indirec (I) (Instr. 4		Beneficia Ownersh tt (Instr. 4)	
					Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amount or Number of Shares							
MADIS (Last)	SON DEA	Reporting Person* ARBORN PA  (First)  FIONAL PLAZA	RTNI (M	ERS II L	<u>.P</u>	_														
(Street)		IL (Gray)		0602		_														
MADIS PARTN (Last)	SON DEA	(State)  Reporting Person*  ARBORN CA  P  (First)  FIONAL PLAZA	APITA	IL Middle)		_														

### **Explanation of Responses:**

IL

(State)

60602

(Zip)

(Street) **CHICAGO** 

(City)

vote, to vote or dispose of shares directly held by MDCPII. Messrs. Canning, Finnegan and Mencoff and MDPII each hereby disclaims any beneficial ownership of any shares directly held by MDCP, except to the extent of their pecuniary interest therein.

#### Remarks:

The shares which were previously beneficially owned by Madison Dearborn Partners II, LP, when combined with the shares which were previously beneficially owned by Madison Dearborn Partners, LP (reported on a separate Form 4 as of the date hereof), were greater than 10% of the shares outstanding.

/s/ Madison Dearborn Partners II, L.P., by Madison Dearborn Partners, Inc., its General

<u>Partner, by Mark B.</u> <u>Tresnowski, its Managing</u>

Director

/s/ Madison Dearborn Capital Partners II, L.P., by Madison Dearborn Partners II, L.P., its General Partner, by Madison

<u>Dearborn Partners, Inc., its</u> <u>General Partner, by Mark B.</u> <u>Tresnowski, its Managing</u>

Director

\*\* Signature of Reporting Person

07/02/2009

07/02/2009

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.