FORM 4

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

Washington, D.C. 20549

| OMB APPROV |
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## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Clark Amanda | Reporting Person* |          | 2. Issuer Name and Ticker or Trading Symbol PAPA JOHNS INTERNATIONAL INC [ PZZA ] |           | ionship of Reporting Person(s)<br>all applicable)<br>Director<br>Officer (give title<br>below) | to Issuer  10% Owner  Other (specify below) |
|-------------------------------------|-------------------|----------|---|-----------|--|---|
| (Last) P. O. BOX 99900              | (First)           | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 03/01/2023                       |           | Chief Intl & Devt (  | ,   |
| (Street) LOUISVILLE                 | KY                | 40269    | 4. If Amendment, Date of Original Filed (Month/Day/Year)                          | 6. Indivi | dual or Joint/Group Filing (Che<br>Form filed by One Reporting<br>Form filed by More than One  | g Person                                    |
| (City)                              | (State)           | (Zip)    |   |           |  |   |

## Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction<br>Date<br>(Month/Day/Year) | 2A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) | Transaction Code (Instr. |   | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) |               |         | Securities  | 6. Ownership<br>Form: Direct (D)<br>or Indirect (I)<br>(Instr. 4) | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |
|---------------------------------|--|---|--------------------------|---|---|---------------|---------|-------------|---|---|
|                                 |  |   | Code                     | v | Amount  | (A) or<br>(D) | Price   | 3 and 4)    |   | (111341. 4)   |
| Common Stock                    | 03/01/2023                                 |   | F                        |   | 225   | D             | \$85.96 | 14,665.6759 | D   |   |

## Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of<br>Derivative<br>Security (Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | ' |      | Derivative |     | Expiration Date<br>(Month/Day/Year) |                     | 7. Title and Amount of<br>Securities Underlying<br>Derivative Security (Instr.<br>3 and 4) |       | Derivative<br>Security<br>(Instr. 5) | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported | or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |
|--|---|--|---|------|------------|-----|-------------------------------------|---------------------|--|-------|--------------------------------------|--|-------------------------------|--|--|
|  |   |  |   | Code | v          | (A) | (D)                                 | Date<br>Exercisable | Expiration<br>Date   | Title | Amount or<br>Number of<br>Shares     |  | Transaction(s)<br>(Instr. 4)  |  |  |

Explanation of Responses:

<u>Debra Tate Johnson, by Power of Attorney</u>

03/03/2023

\*\* Signature of Reporting Person

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.