Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C	20549
vasilington,	D.C.	20049

STATEMENT OF CHAN	IGES IN BENEFICIAL	OWNERSHIP

	OMB APP	ROVAL								
	OMB Number: 3235-									
	Estimated average burden									
- 1	hours per response:									

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* Gibbs Stephen L					PAI	2. Issuer Name and Ticker or Trading Symbol PAPA JOHNS INTERNATIONAL INC PZZA										o of Reporting Person(s) to Iss dicable) tor 10% Ow			
(Last) P. O. BO	(Fi	rst) (f	Middle)		3. Da	3. Date of Earliest Transaction (Month/Day/Year) 05/13/2024									Office below	icer (give title low)		Other (s below)	specify
					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)	WII	17. 4	02.60											X Form filed by One Reporting Person					on
LOUISV	TILLE K	Y 4	0269												Form filed by More than One Reporting Person				orting
(City)	(St	rate) (Z	Zip)		Rul	Rule 10b5-1(c) Transaction Indication													
		Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.																	
		Table	I - No	n-Deriva	tive S	Secui	rities	Acc	uired	, Dis	posed of	, or E	Benefic	ially	Own	ed			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day				Execution Date,		ution Date,		3. Transaction Code (Instr. 8) 4. Securities Disposed Of 5)			s Acqui of (D) (In	red (A) or istr. 3, 4 a	l and Seco Ben Owr		Amount of ecurities eneficially wned Following		m: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership	
							Code	v	Amount	(A) o (D)	Price		Transa	ported ansaction(s) str. 3 and 4)			(Instr. 4)		
Common Stock 05/13/2					024			A ⁽¹⁾		2,583	A	\$0.0	0.0000		3,512		D		
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	eemed tion Date, n/Day/Year)	4. Transa Code (8)		5. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instr and §	rities lired r osed) r. 3, 4	Expira	6. Date Exercisable and Expiration Date (Month/Day/Year)			e and int of rities rlying ative rity (Instr. 4)	Dei	Price of rivative curity str. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y Di or (I)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code V		(A)	(D)	Date Exercisable		Expiration Date	Title	Amount or Number of Shares						

Explanation of Responses:

1. Grant of restricted stock units which become fully vested upon the earlier of (i) the first anniversary of the date of the grant of the award; or (ii) the date of the Company's 2025 annual meeting of stockholders, provided the reporting person remains in continuous service on the Board until such date, but the award may vest earlier in the event of death or disability. Should the reporting person terminate service for any other reason, a prorated number of the restricted stock units will vest.

> Debra Tate Johnson, by Power of Attorney

05/14/2024

** Signature of Reporting Person

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 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.