Phantom

stock

(1)

1. Converts to common stock on a one-for-one basis

Explanation of Responses:

FORM 4

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 obligations may continue. See Instruction 1(b). |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

OMB APPROVAL 3235-0287 OMB Number: Estimated average burden hours per response: 0.5

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|---|---|--------|-----------|--|---|--|--|-----|--|---------------|---|--|-------|---------------|--|---|--|-------------------|--|---|------------|--|
| 1. Name and Address of Reporting Person [*] McCue Peter | | | | | 2. Issuer Name and Ticker or Trading Symbol PAPA JOHNS INTERNATIONAL INC PZZA] | | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | | |
| | | | | | | | | | | | | | | | PZ | 0 | recto | or (give title | | 10% Ov Other (s | | |
| (Last) (First) (Middle) | | | | | | | | | | | | | | | | | elow) | | | below) | speeny | |
| P.O. BOX 99900 | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/28/2007 | | | | | | | | | | Senior Vice President | | | | | | |
| 1.0. DOX 55500 | | | | | | | | | | | | | | | | | | | | | | |
| (Street) | | | | | 4. 1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| LOUISV | ILLE K | Y | 40269 | | | | | | | | | | | | | X F | orm f | iled by One | e Rep | orting Perso | n | |
| | | | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | | |
| (City) | (S | itate) | (Zip) | | | | | | | | | | | | | P | 21501 | I | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transau Date (Month/Date) | | | | | | ar) | A. Deemed Execution Date, f any Month/Day/Yea | | Code (Instr. 5) | | | | | | and Securi Benefi Owned | | es ally Following | Form (D) o | Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | 6 | Code | v | Amount | | (A) or (D) | Price | Reporte Transac (Instr. 3 | | tion(s) | | | (Instr. 4) | |
| | 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 | if any | any Cate, | | 4. Transaction Code (Instr. 8) | | | | 6. Date Exercisable a Expiration Date (Month/Day/Year) | | | I 7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4) | | | 8. Price of Derivative Security (Instr. 5) | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownershi (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exer | e rcisable | | xpiration ate | Title | | Amount or Number of Shares | | | | | | | |

(2)

(2)

Common

stock

compensation plan.

09/28/2007

/s/ Kenneth M. Cox, by power 10/02/2007 of attorney

28.33

\$24.44

234.62

D

** 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 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).

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28.33

2. The shares of phantom stock become payable in cash in a lump sum or in installments upon termination of service, or earlier in accordance with certain in-service elections available under a deferred

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.