FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, [| D.C. 20549 |
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| Check this box if no longer subject | |
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| to Section 16. Form 4 or Form 5 | |
| obligations may continue. See | |
| Instruction 1(b). | |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| Name and Address of Reporting Person* Mangan Jocelyn C | | | | | | 2. Issuer Name and Ticker or Trading Symbol PAPA JOHNS INTERNATIONAL INC PZZA | | | | | | | | | k all app Direc | licable) tor | | | 0% Owner |
|--|--|---|---------------------------------|--------------|--|---|--|---|--------|--------|--|--------------|-----------------------|-----------------------------|---|----------------------------|--|--|----------|
| (Last) (First) (Middle) P. O. BOX 99900 | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/17/2023 | | | | | | | | | | | Officer (give title below) | | Other (below) | specify |
| (Street) LOUISV (City) | | | 0269 Zip) | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Indi Line) X | Form Form | ual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | Table | I - No | n-Deriva | tive S | Secu | rities | Acq | uired, | Dis | posed of | , or E | Benef | icially | / Own | ed | | | |
| Date | | | 2. Transac Date (Month/Da | | Exec if an | 2A. Deemed Execution Date, f any Month/Day/Year) | | 3. 4. Securities Transaction Code (Instr. 8) 4. Securities Disposed Of 5) | | | | 4 and Securi | | ties cially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | Code | v | Amount | (A) (D) | or Pr | ice | Transa | action(s) 3 and 4) | | | (111341.4) | |
| Common Stock | | | 02/17/2 | 2023 | | | | A ⁽¹⁾ | | 29 | A | \$ | 94.89 7 | | 7,150 | | 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 | ercise (Month/Day/Year) if any (Month/Day/Year) ative | | Code (8) | Acquire (A) or Dispos of (D) (Instr. 3 and 5) | | vative crities critied r osed) | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable | | | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | nt er | | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |

Explanation of Responses:

1. Acquisition of dividend equivalent rights on restricted stock units awarded May 9, 2019, May 8, 2020, May 10, 2021 and May 9, 2022.

Debra Tate Johnson, by Power 02/22/2023 of Attorney

** 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).

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.