## FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D	D.C. 20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL									
	OMB Number: 3235-02									
l	Estimated average burden									
I	hours per response:	0.5								

	ion 1(b).			File							ies Exchan mpany Act			34			per re.	зропѕе.	0.5		
1. Name and Address of Reporting Person* Smith Joseph H IV				<u>PA</u>	2. Issuer Name and Ticker or Trading Symbol PAPA JOHNS INTERNATIONAL INC PZZA ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  X Officer (give title Other (specify							
(Last) (First) (Middle) P. O. BOX 99900						3. Date of Earliest Transaction (Month/Day/Year) 12/31/2019										below) below) Chief Financial Officer					
(Street) LOUISVILLE KY 40269 (City) (State) (Zip)					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person						
		Tabl	e I - Noi	n-Deriv	ative	Se	curit	ies Acc	quired	, Dis	posed o	f, or	Ben	eficia	ally Ow	ned					
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da					ay/Year)   Execution		A. Deemed (xecution Date, i any Month/Day/Year)				4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)			nd Sed Ber Ow	mount of urities eficially ned Following orted	Form (D) o	wnership n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
								Code	v	Amount		A) or D)	Price	Tra	nsaction(s) tr. 3 and 4)	ion(s)		(111341. 4)			
Common Stock 12/				12/31	/2019				A		10.849	9	A	\$63	3.1 4	41,192.4159		D			
Common Stock																1,095.971		I	By 401(k) Plan		
		Та									sed of, onvertib				y Owne	d					
Derivative Security (Instr. 3) Date (Month/Day/Year) Execution Date, or Exercise Price of Derivative Security Execution Date, if any (Month/Day/Year) 8				4. Transa Code ( 8)	of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)  Date Expiration Exercisable Date			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)  Amount or Number of Title Shares		ount nber	8. Price of Derivative Security (Instr. 5)		, C F D (I	.0. Dwnership Form: Direct (D) Or Indirect I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				

**Explanation of Responses:** 

Debra A. Tate, by power of <u>attorney</u>

01/02/2020

\*\* Signature of Reporting Person Date

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

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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).