Instruction 1(b).

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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

OMB APPROVAL
OMB Number: 3235-0287

ONB Number.	3235-0267
Estimated average bure	den
hours per response:	0.5

STATEMENT	OF (CHANGE	ES IN	BENEFIC	CIAL	OWNE	RSHIP

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

											1.1.7								
1. Name and Address of Reporting Person* Lynch Robert					2. Issuer Name and Ticker or Trading Symbol PAPA JOHNS INTERNATIONAL INC								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Lynch Kobert					PZZA]								Х	Direc	tor		10% O	wner	
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year)								X	Officer (give title below)			Other (below)	
P. O. BOX 99900						02/29/2024										President and CEO			
						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)													-	X	Form	filed by On	e Rei	porting Pers	on
LOUISV	LOUISVILLE KY 40269													Form filed by More than One Reporting					
															Perso		ne ma	an One Rep	orung
(City)	(City) (State) (Zip)					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.																	
						satisty t	ne amr	mative	derense (conditi	Ions of Rule 1	005-1(C). 3	see instr	uction	10.				
		Table	e I - No	on-Deriva	ative \$	Secu	rities	s Acc	luired,	Dis	posed of	, or Be	nefic	ially	Own	ed			
1. Title of	Security (Ir	ıstr. 3)		2. Transad	ction											wnership	7. Nature		
				Date (Month/Da	Execution Date, ay/Year) if any			Transaction Disposed Of (D) (Instr. 3 Code (Instr. 5)			tr. 3, 4 a	3, 4 and Securi Benefi				n: Direct or Indirect	of Indirect Beneficial		
				. , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(Month/Day/Year)						Owned		d Following (I)		nstr. 4)	Ownership		
							Code	v	Amount	unt (A) or			Reported Transaction(s)				(Instr. 4)		
								Coue	Ľ	Amount	(D) Pr		(Instr. 3 and 4)						
Common Stock 02/29/2					2024		F		1,714	D	\$71	1.89 116,026		6,026		D			
		Та	ble II -	Derivat	ive Se	curi	ties /	Acqu	ired, [Disp	osed of,	or Ben	eficia	lly C	Owne	d			
				(e.g., pı	uts, ca	alls, v	warra	ants,	optio	ns, c	convertib	le secu	urities	5)					
1. Title of	2.	3. Transaction	3A. De	emed	4.		5. NI	umber	6. Date Exercisable and 7. Title and				and	8. P	rice of	9. Number	of	10.	11. Nature
Derivative Security	Conversio or Exercis			ion Date,	Transaction				Expiration Date (Month/Day/Year)			Amount			erivative	derivative Securities		Ownership	of Indirect Beneficial
(Instr. 3)	Price of	e (Month/Day/Year)	if any (Month	n/Day/Year)	8)	Code (Instr. 8)		rities	(Month	/Day/1	rear)	Securities Underlying		Security (Instr. 5)		Beneficial		Ownershi	
Derivative					l í		Acquired				Derivative				Owned Following	or Indirect (In		(Instr. 4)	
Security					(A) or Disposed							Security (Instr. 3 and 4)			Reported		(I) (Instr. 4)		
					of (D) (Instr. 3, 4										Transactio (Instr. 4)	n(s)			
			1		and 5)											(1130.4)			
						A	mount	1											
													r lumber						
									Date		Expiration	o	f						
1	1	1	1		Code	l v 🛛	(A)	(D)	Exercis	able	Date	Title S	hares	1					1

Explanation of Responses:

Debra Tate Johnson, by Power 03/04/2024

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.