FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5

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

U obligati	ions may continue tion 1(b).			File		t to Section 16(a) tion 30(h) of the I					934		ho	ours per	response:	0.5	
Name and Address of Reporting Person* Chase Robb					2. Issuer Name and Ticker or Trading Symbol PAPA JOHNS INTERNATIONAL INC PZZA]							Check all a Dir		10% Owner			
(Last) (First) (Middle) P.O. BOX 99900 (Street) LOUISVILLE KY 40269 (City) (State) (Zip)					3. Date of Earliest Transaction (Month/Day/Year) 11/14/2006							below) President, International					
					4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Tab	le I - No	n-Deriv	ative S	ecurities Acc	quired,	Dis	posed o	f, or Be	nefici	ally Owi	ned				
1. Title of Security (Instr. 3) 2. Transa Date (Month/D						3. Transaction Code (Instr. 3) 8) 4. Securities Acquired (/Disposed Of (D) (Instr. 3) 5)				and Secu Bend Own	mount of urities eficially ed Followin	Fo (D)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership			
							Code	v	Amount	(A) or (D)	Price	Tran	orted saction(s) r. 3 and 4)			(Instr. 4)	
Common stock 11/14/							P		1,000	A	\$30	0.77 1,000			D		
		Ta				urities Acqu s, warrants,							d				
Security or Exercise (Month/Day/Year) if any		4. Transactio Code (Inst 8)		Expiration Date (Month/Day/Year) S			7. Title ar Amount of Securitie Underlyin Derivativy Security and 4)	of S Ig	8. Price of Derivative Security (Instr. 5)		re es ally g d tion(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				

Date Exercisable

Expiration Date

Explanation of Responses:

/s/ Kenneth M. Cox, by power of attorney

Amount or Number

of Shares

Title

11/15/2006

** 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).

Code

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.

(A) (D)