Instruction 1(b).

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, I | D.C. | 20549 |
|---------------|------|-------|
|---------------|------|-------|

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

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

| 1. Name and Address of Reporting Person* Wright Robert D. | | | | | 2. Issuer Name and Ticker or Trading Symbol POTBELLY CORP [PBPB] | | | | | | | | (Che | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
|--|---|-----------|----------|---|--|--|---------------------------|--------------------------------|-------------------------------------|---|-----------------------|--|--|--|---|--|---|-------------------|---|--|
| vviigiit | RODCITL | <u>2.</u> | | | | | | | | | | | | | X Direc | tor | | 10% O | wner | |
| (Last) | (Fi | rst) (N | ∕liddle) | | 3. Da | Date of Earliest Transaction (Month/Day/Year) | | | | | | | | : | X Office belov | cer (give title ow) | | Other (below) | specify | |
| 111 N. CANAL | | | | | | 02/28/2023 | | | | | | | President and CEO | | | | | | | |
| SUITE 3 | | | | | | | | | | | | | | | | | | | | |
| | | | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | | |
| (Street) | | | | | | | | | | | | | | Line | , | filed by On | a Dan | orting Dere | on | |
| CHICAC | GO IL | 6 | 0606 | | | | | | | | | | | 1 | _ | filed by Mo | | • | | |
| (6) | (0) | | | | | | | | | | | | | | Perso | | | 0 | 51g | |
| (City) | (St | ate) (2 | Zip) | | | | | | | | | | | | | | | | | |
| | | Table | I - Noı | n-Deriva | ative S | Secu | rities | Acq | uired, | Dis | posed of | , or E | Bene [®] | ficia | lly Own | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day) | | | | | Execution Dat | | | Date, | Transaction Dispose Code (Instr. 5) | | Disposed | urities Acquired (A ed Of (D) (Instr. 3 | | | Securit Benefic | ities F icially (I d Following (I | | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amount | (A) (D) | or F | rice | Transa | ction(s) 3 and 4) | | | (iiisui 4) | |
| Common Stock 02/28/2 | | | | | 2023 | | | F | | 1,248(1) | ,248 ⁽¹⁾ D | | \$7.2 | 683,464 | | | 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. 2. 3. Transaction Date Execution Date, if any (Month/Day/Year) Security 3. Transaction Date Execution Date, if any (Month/Day/Year) | | on Date, | 4. Transaction Code (Instr. 8) | | of Deriv Secu Acqu (A) o Dispo | r osed) r. 3, 4 | 6. Date Expirati (Month/ | on Da | Securities Underlying Derivative Security (Ins 3 and 4) Amou | | str. | 3. Price of Derivative Security Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | Owne Form: Direct or Ind (I) (Ins | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership ect (Instr. 4) | | | |
| | | | | | Code | v | (A) | (D) | Date Exercisable | | Expiration Date | Title | Numl of Share | - 1 | | | | | | |

Explanation of Responses:

 $1. \ Shares \ withheld \ for \ payment \ of \ tax \ liability \ upon \ vesting \ of \ the \ restricted \ stock \ units \ granted \ on \ January \ 6, \ 2023.$

Remarks:

/s/ Robert D. Wright

03/02/2023

** 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.