FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

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

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

## T 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*     Wright Robert D.   |   |  |                                      |          | 2. Issuer Name and Ticker or Trading Symbol POTBELLY CORP [ PBPB ] |   |  |  |     |  |        |                    |  | 5. Relationship<br>(Check all app<br>X Direct                 |   | licable)                                       | ng Pe  | rson(s) to Is |  |  |  |
|--|---|--|--------------------------------------|----------|--|---|--|--|-----|--|--------|--------------------|--|---|---|--|--|---------------|--|--|--|
| (Last)   | `   | First)   | (/)                                  | /liddle) |  | 3. Date of Earliest Transaction (Month/Day/Year) 04/30/2024 |  |  |     |  |        |                    |  |   | X   | Office<br>below                                | er (give title<br>/)  President  | t and         | Other (s<br>below)   | specify  |  |
| SUITE 325  |   |  |                                      |          |  | 4. If Amendment, Date of Original Filed (Month/Day/Year)    |  |  |     |  |        |                    |  |   | 6. Individual or Joint/Group Filing (Check Applicable Line) |  |  |               |  |  |  |
| (Street)   | GO I  | L  | 6                                    | 0606     |  |   |  |  |     |  |        |                    |  |   |   |  | Form filed by One Reporting Person Form filed by More than One Reporting Person                                      |               |  |  |  |
| (City)   | (State) (Zip) Rule 10b5-1(c) Transaction Inc                        |  |                                      |          |  |   |  |  |     | tion Indi  | catio  | on                 |  |   |   |  |  |               |  |  |  |
|  |   | 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. |                                      |          |  |   |  |  |     |  |        |                    |  |   |   |  |  |               |  |  |  |
|  |   |  | Table                                | I - No   | n-Deriva   | tive S  | Secu   | rities   | Acq | uired  | Dis    | posed of           | , or B   | Benefi  | cially  | / Own  | ed   |               |  |  |  |
| 1. Title of Security (Instr. 3)  2. Transact Date (Month/Day |   |  |                                      |          | Exec<br>if any   | Deemed<br>cution Date,<br>ly<br>nth/Day/Year)               |  | 3. Transaction Code (Instr. 8) 4. Securitie Disposed C |     | es Acquired (A)<br>Of (D) (Instr. 3,   |        | or<br>and          | Securit<br>Benefic<br>Owned  | 5. Amount of<br>Securities<br>Beneficially<br>Owned Following |   | m: Direct<br>or Indirect<br>nstr. 4)           | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership  |               |  |  |  |
|  |   |  |                                      |          |  |   |  |  |     | Code   | v      | Amount             | (A) or<br>(D) Pr   |   | се  | Reported<br>Transaction(s)<br>(Instr. 3 and 4) |  |               |  | (Instr. 4)   |  |
| Common Stock 04/30/  |   |  |                                      |          | 04/30/2  | 2024  |  |  |     | F  |        | 1,004(1)           | ,004 <sup>(1)</sup> D  |   | 0.19  | 725,500  |  | D             |  |  |  |
| Common Stock 04/30/2   |   |  |                                      |          | 2024   |   |  |  | F   |  | 537(2) | D                  | \$1  | 0.19  | 9 724,963   |  | D  |               |  |  |  |
|  |   |  | Tat                                  |          |  |   |  |  |     |  |        | osed of, convertib |  |   |   | Owne   | d  |               |  |  |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)          | 2.<br>Conversio<br>or Exercis<br>Price of<br>Derivative<br>Security | n Da<br>e (M   | Transaction<br>ate<br>onth/Day/Year) | if any   | emed<br>ion Date,<br>/Day/Year)                                    | 4.<br>Transa<br>Code (<br>8)                                | Instr. 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<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Ins<br>3 and 4) |   | nt<br>er  |  | 9. Number<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction<br>(Instr. 4) | y             | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |

## **Explanation of Responses:**

- 1. Shares withheld for payment of tax liability upon vesting of the restricted stock units granted on January 6, 2023.
- 2. Shares withheld for payment of tax liability upon vesting of the restricted stock units granted on January 3, 2024.

## Remarks:

/s/ Robert D. Wright \*\* Signature of Reporting Person 05/02/2024

Date

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

- $^{\star}$  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.