FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPF	ROVAL					
OMB Number:	3235-0104					
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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 Add <u>Carlson Ch</u>	Date of Event equiring Staten Month/Day/Year 3/07/2016	nent	3. Issuer Name and Ticker or Trading Symbol POTBELLY CORP [PBPB]									
(Last) (First) (Middle) 111 N. CANAL					Relationship of Reporting Pers (Check all applicable) Director		10% Owner		5. If Amendment, Date of Original Filed (Month/Day/Year)			
SUITE 850					X	Officer (give title below) VP, Controll	Other (specify below)		6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person			
(Street) CHICAGO	IL	60606				,	-		Λ		y More than One	
(City)	(State)	(Zip)										
Table I - Non-Derivative Securities Beneficially Owned												
1. Title of Security (Instr. 4)					2. Amount of Securities Beneficially Owned (Instr. 4)				4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)												
Expirati				2. Date Exercisable and Expiration Date Month/Day/Year)		3. Title and Amount of Securiti Underlying Derivative Security		4. Convers or Exerc	cise	5. Ownership Form: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
			Date Exercisable	Expiratio Date	n Title	,	Amount or Number of Shares	Derivati Security	ive	or Indirect (I) (Instr. 5)		

Explanation of Responses:

No securities are beneficially owned.

By: Robyn Martin For: Christopher Carlson

03/09/2016

Date

** Signature of Reporting Person

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

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.

 $^{^{\}star}$ If the form is filed by more than one reporting person, see Instruction 5 (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).