Instruction 1(b).

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. 20549 |
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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 | | | | | | | | | | |
|-----|--------------------------|-----------|--|--|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | | | |
| | Estimated average burden | | | | | | | | | | |
| - 1 | houre 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* Atkins Will | | | | | 2. Issuer Name and Ticker or Trading Symbol POTBELLY CORP [PBPB] | | | | | | | | | | ck all app Direc | licable) tor | ng Pe | rson(s) to Is | vner | |
|--|------|---------|---|----------|--|--|--|-----|---------------------|--|--------------------|--|--|--|---|-----------------------------|--|---------------|---|--|
| (Last) | (Fir | rst) (M | /liddle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/01/2024 | | | | | | | | | X Officer (give title Other (specify below) VP, Controller | | | | | |
| SUITE 325 | | | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) CHICAGO IL 60606 | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | | | | | | | | | |
| (City) (State) (Zip) | | | | | Rul | 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. | | | | | | | | | | | | | | |
| | | Table | I - No | n-Deriva | tive S | Secu | rities | Acq | uired, | Dis | posed of | , or E | 3ene | ficial | ly Own | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | | ay/Year) Exec | | Deemed cution Date, y nth/Day/Year) | | | | | es Acquired (A) o Of (D) (Instr. 3, 4 | | | | ties cially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | (A) (D) | A) or Price | | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | |
| Common Stock 04/01/2 | | | | | 2024 | | | F | | 867(1) | D \$11.62 | | 611.62 | 62 42,150 | | | 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. Conversion or Exercise Price of Derivative Security (Instr. 3) 3. Transaction Date (Month/Day/Year) 3A. Deemed Execution Date, if any (Month/Day/Year) | | | 4. Transaction Code (Instr. 8) | | of Deriv | r osed) r. 3, 4 | Expiration D | | ite | 7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4) | | D S (I | Price of erivative ecurity nstr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | Owners Form: Direct (or Indir (I) (Inst | Ownership | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | Code V | | (A) | (D) | Date Exercisable | | Expiration Date | Title | Amor or Numl of Share | ber | | | | | | |

Explanation of Responses:

1. Shares withheld for payment of tax liability upon vesting of the restricted stock units granted on April 1, 2022.

Remarks:

/s/ Will Atkins

04/03/2024

** 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.