Instruction 1(b).

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 obligations may continue. See Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

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

| | | | | | 01 36 | CHOITS | 50(11) 01 | i tile ii | ivesimei | it Coi | npany Act o | 1 1940 | | | | | | | |
|--|--|--|-----------------|---|--------|--|-----------|---------------------------------|----------------------------------|--------|----------------------|--|----------------------|---|--|---|--------|---|---------------------------------------|
| Name and Address of Reporting Person* Near David | | | | 2. Issuer Name and Ticker or Trading Symbol POTBELLY CORP [PBPB] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | | |
| ivea Davia | | | | | | | | | | | | | | | irector | | | 10% O | - |
| (Last) (First) (Middle) 111 N CANAL ST | | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/10/2020 | | | | | | | | | fficer (giv elow) | ficer (give title low) | | Other (specify below) | | | |
| SUITE 850 | | | | | | | | | | | | - | | | | | | | |
| | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | | |
| (Street) | | | | | | | | | | | | | | X F | orm filed | by One | Repor | ting Pers | on |
| CHICAC | GO IL | 6 | 0601 | | | | | | | | | | | | orm filed erson | by More | e than | One Rep | orting |
| (City) | (St | ate) (Z | Zip) | | | | | | | | | | | | | | | | |
| | | Table | I - Non | -Deriva | tive S | Secui | rities | Acq | uired, | Dis | posed of | , or B | enefic | ially O | wned | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | Execution Date, | | 3. Transaction Code (Instr. 8) 4. Securitie Disposed Code (5) | | | | | and Sec Bei Ow | ecurities eneficially | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | Code | v | Amount | (A) o (D) | r Price | Tra | Transaction(s) (Instr. 3 and 4) | | | | (111311. 4) | |
| Common Stock 08/10/2 | | | | | 2020 | | P | | 12,723 | A | \$ | 4 | 12,723 | | D | | | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | |
| Derivative Conversion Date | | 3. Transaction Date (Month/Day/Year) | Executio if any | | | ansaction of ode (Instr. Derivati | | ative rities ired osed | 6. Date I Expiration (Month/I | on Da | | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | 8. Price Derivati Security (Instr. 5 | y Secu Secu Bend Own Follo Repo | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | |). wnership orm: irect (D) Indirect (Instr. 4) | Beneficial Ownership (Instr. 4) |
| 4 | I | I | I | | | | ı I | | | - 1 | | 1 1 | or Number | 1 | - 1 | | - 1 | | 1 |

Date Exercisable

Explanation of Responses:

By: Xuehui Cassie Zhang For:

of Shares

08/11/2020

David Near

Expiration Date

** 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.