Edgar Filing: Whitwell Peter - Form 4

Whitwell Pet	ter											
Form 4												
March 22, 20)19											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION							OMMERION	OMB APPROVAL				
							OMB Number:	3235-0287				
Check this box				shington, D.C. 20549					Jani	January 31,		
if no long		AENT OI	F CHAN	GES IN BENEFICIAL OW				NERSHIP OF	Expires:	2005		
subject to)			SECURITIES					Estimated average burden hours per response 0.5			
Section 1 Form 4 or												
Form 5		rsuant to S	Section 1	6(a) of the	e Securit	ies E	xchange	e Act of 1934,	0.5			
obligation	ns Section 17						-	1935 or Section	n			
may cont See Instru	inue.			vestment	•	· ·						
1(b).	iction				1	5						
(Print or Type F	Responses)											
1. Name and A	ddress of Reporting	Person [*]	2. Issuer	r Name and	Ticker or	Tradiı	าg	5. Relationship of	Reporting Pers	on(s) to		
Whitwell Peter Symbol								Issuer				
			•	estaurants, Inc. [HABT]								
(Last)	(First) (Middle)		f Earliest Tra	_		-	(Chec	k all applicable)		
(Month/Da								Director 10% Owner				
C/O THE HABIT RESTAURANTS, 03/22/20				-				X_ Officer (give title Other (specify				
	RED HILL AV		00/22/2					below)	below) Quality Office	r		
SUITE 140								Ciller	Quality Office	L		
(Street) 4. If Amer				ndment, Date Original			6. Individual or Joint/Group Filing(Check					
			onth/Day/Year)				Applicable Line)					
								_X_Form filed by One Reporting Person Form filed by More than One Reporting				
IRVINE, CA	A 92614							Person	fore than One Re	porung		
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of	2. Transaction Dat	e 2A. Deer	ned	3.	4. Securi	ties A	cquired	5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Year)	Execution Date, if		Transaction(A) or Disposed of (D)					Form: Direct			
(Instr. 3)		any (Month/I	any (Month/Day/Year)		(Instr. 3,	4 and	5)	Beneficially	· /	Beneficial		
		(Month/1			(Instr. 8)					Ownership (Instr. 4)		
							Reported	(()			
						(A) or		Transaction(s)				
				Code V	Amount	(D)	Price	(Instr. 3 and 4)				
Class A							\$					
Common	03/22/2019			F <u>(1)</u>	565	D	» 10.72	20,503	D			
Stock							10.72					

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

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Under Secur	rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Nam	Relationships						
		Director	10% Owner	Officer	Other		
Whitwell Peter C/O THE HABIT RESTA 17320 RED HILL AVENU IRVINE, CA 92614	<i>,</i>			Chief Quality Officer			
Signatures							
/s/ Ira Fils, Attorney-in-Fact	03/22/2019						
<u>**</u> Signature of Reporting Person	Date						

Explanation of Responses:

- * 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).
- (1) Withholding of Class A common stock to satisfy tax withholding obligation on vesting of an award of restricted stock units pursuant to the Issuer's 2014 Omnibus Incentive Plan, as amended, that were previously reported by the reporting person.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.