FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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| Check this box if no longer subject to |
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| Section 16. Form 4 or Form 5 |
| obligations may continue. See |
| Instruction 1/h) |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

OMB Number: 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

| 1. Name and Address of Reporting Person* Joyce Stephen P | | | | | 2. Issuer Name and Ticker or Trading Symbol <u>Dine Brands Global, Inc.</u> [DIN] | | | | | | | | (Ched | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | |
|---|---------|--|--|--------|--|---|------------------|--|------------------|---|--------------------|---|---|---|--|---------------------------------------|---|---|--|
| (Last) | (First) |) (M BOULEVARD, 7 | ddle) 7TH FLO | OOR | | 3. Date of Earliest Transaction (Month/Day/Year) 03/03/2020 | | | | | | | X | Officer (air to title Other (end | | | | 1 | |
| (Street) GLENDAL (City) | E CA | e) (Zi | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | Line) X | Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | | |
| | | Table | e I - Non | -Deriv | ative | Sec | uritie | es Acc | γuired, | Dis | posed o | f, or Bene | eficially | Owned | | | | | |
| 1. Title of Security (Instr. 3) | | | 2. Transaction Date (Month/Day/Year) | | Ex r) if a | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Code (Instr. | | 4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 | | (A) or 3, 4 and 5) | 5. Amoun Securities Beneficial Owned Fo | ly | Form: | Direct I Indirect E str. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | Code | v | Amount | (A) or (D) | Price | Reported Transaction (Instr. 3 au | on(s) nd 4) | | | (Instr. 4) | | |
| COMMON STOCK 03/0. | | | | 03/03 | 3/2020 | | M ⁽¹⁾ | | 2,270 |) A | \$0.00 | 11,560 | | | D | | | | |
| COMMON STOCK 03/0 | | | 03/03 | 3/2020 | | | | F | | 785 ⁽²⁾ |) D | \$83.72 | 10,775 | | D | | | | |
| | | Ta | | | | | | | | | | or Benef ole securi | | wned | | | | , | |
| Derivative Conversion Date Execut Security Or Exercise (Month/Day/Year) if any | | 3A. Deem Execution if any (Month/Da | n Date, Transaction Code (Insti | | | on of E | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | e s Illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | | | |
| | | | | | Code | v | (A) | | Date Exercisa | | Expiration Date | Title | Amount or Number of Shares | | | | | | |
| RESTRICTED STOCK | (1) | 03/03/2020 | | | M ⁽¹⁾ | | | 2,270 | (1) | | (1) | COMMON STOCK | 2,270 | \$0.00 | 0 | | D | | |

Explanation of Responses:

- 1. This transaction represents the vesting of restricted stock units and dividend equivalent rights in shares of common stock of the Issuer. The fractional portion was paid out in cash in accordance with the award
- 2. These shares were withheld by the Issuer to satisfy the tax withholding obligations of the reporting person with respect to the vesting on March 3, 2020 of shares of restricted stock held by the reporting person.

Remarks:

/s/ Bryan Adel as attorney-infact for Stephen P. Joyce

03/05/2020

** 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.