FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Washington, D.C. 20549 | OMB APPROVAL | | | |
|--|--------------|------|--|--|
| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP | OMB Number: | 3235 | | |

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

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

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* NAHAS CAROLINE W | | | | | 2. Issuer Name and Ticker or Trading Symbol Dine Brands Global, Inc. [DIN] | | | | | | | | | (Chec | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|--|---|--|--|-------------------------------------|--|---|--------|--|-------------------------------------|-----------------------|---------------------|-----------|---|---|---|-------------------------------|---|---------------------------------------|------------|--|
| (Last) | (First) | | iddle) 7TH FLC | OOR | | 3. Date of Earliest Transaction (Month/Day/Year) 03/03/2020 | | | | | | | | _ X | Director Officer (below) | | 10% Own Other (sp below) | | 1 | |
| (Street) GLENDAL | E CA | | 203 p) | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | 6. Ind Line) | Form file | Doint/Group Filing (Check Applicable filed by One Reporting Person filed by More than One Reporting | | | | | | | |
| | | Table | e I - Nor | -Deriv | ative | Sec | uritie | es Acc | uired. | Dis | oosed o | f. or E | 3ene | ficially | Owned | | | | | |
| 1. Title of Security (Instr. 3) 2. Tr | | | 2. Trans Date | Saction 2A Ex (Day/Year) if a | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. 4. Secur Transaction Dispose Code (Instr. | | ities Acquired (A) or | | | 5. Amount Securities Beneficial Owned Fo | s lly | Form: | Direct Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | | Code | v | Amount | (A (D | i) or i) | Price Reported Transaction(s) (Instr. 3 and 4) | | | | | (Instr. 4) | |
| COMMON S | STOCK | | | 03/03 | 3/2020 | | | | M ⁽¹⁾ | | 2,270 |) | A | \$0.00 | 29,9 | 982 | D | | | |
| | | Ta | | | | | | | | | sed of, onvertil | | | | wned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deem Execution if any (Month/Da | Date, | Code (Ins | | | | 6. Date E: Expiratio (Month/D | n Date | of Securities | | curity | 8. Price of Derivative Security (Instr. 5) | | re Ces Fally Cong (I | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4 | Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | | Date Exercisal | | Expiration Date | Title | | Amount or Number of Shares | | | | | | |
| RESTRICTED STOCK | (1) | 03/03/2020 | | | M ⁽¹⁾ | | | 2,270 | (1) | | (1) | COMM | | 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 agreement.

Remarks:

<u>/s/ Bryan Adel as attorney-in-fact for Caroline W. N</u>ahas

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.