FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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| Check this box if no longer subject |
|-------------------------------------|
| to Section 16. Form 4 or Form 5 |
| obligations may continue. See |
| Instruction 1(b). |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 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

| Name and Address of Reporting Person* Hall Allison | | | | | | 2. Issuer Name and Ticker or Trading Symbol <u>Dine Brands Global, Inc.</u> [DIN] | | | | | | | | | k all app | , | ng Pers | son(s) to Is 10% Ov Other (s | vner |
|--|--|--|--------------|----------|-----------------------|---|---|---------------------------|--|----------|--------------------|---|-----------------------------------|---|---|---|-------------------------------------|--|---|
| (Last) (First) (Middle) 450 N BRAND BLVD 7TH FLOOR | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/04/2021 | | | | | | | | | | below) Interin | | below) | |
| (Street) GLEND | ALE CA | | 1203 Zip) | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Ind Line) | Form Form | ual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | Table | I - No | n-Deriva | ative S | Secu | rities | Acq | uired, | , Dis | posed of | , or B | ene | ficiall | y Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | | Execution Execution | | ution Date, | | 3. 4. Securitie Transaction Code (Instr. 8) 5. | | | | | 5. Amo Securi Benefi Owned Report | ties cially I Following | Form (D) or | ı: Direct r Indirect ıstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | Code | v | Amount | (A) (D) | r P | rice | Transa | ction(s) 3 and 4) | | | (30. 4) | | | |
| COMMON STOCK 03/04 | | | | | 2021 | | | | A | | 2,427(1) | A | \$ | 0.00(2) | 7 | 7,640 | | D | |
| COMMON STOCK 03/04/ | | | | | 2021 | | | A | | 1,820(3) | A | \$ | 0.00(2) | 9,460 | | | 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 | Conversion Date (Month/Day/Year) Execution Date, if any (Month/Day/Year) Execution Date, if any (Month/Day/Year) (Month/Day/Year) 8) | | | | | of Deriv Secu Acqu (A) o Dispo | r osed) r. 3, 4 | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) | | De Se (In | Price of erivative ecurity estr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transactio (Instr. 4) | y [| 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership t (Instr. 4) |
| | | | | | Code V | | (A) | (D) | Date Exercisable | | Expiration Date | Title | Amor or Numl of Share | ber | | | | | |

Explanation of Responses:

- 1. Represents shares of restricted stock that will vest on March 4, 2024.
- 2. Granted as compensation for services.
- 3. Represents shares of restricted stock that will vest as to one-third of the shares on each of March 4, 2022, 2023 and 2024.

Remarks:

/s/ Christine K. Son as 03/08/2021 attorney-in-fact for Allison Hall

** 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.