Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, D. | C. 20549 |
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| STATEMENT OF CHANGES IN BENEFICIAL | OWNERSHIP |
|------------------------------------|-----------|
| | |

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|--|
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| 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* Johns Jay D. | | | | | 2. Issuer Name and Ticker or Trading Symbol Dine Brands Global, Inc. [DIN] | | | | | | | | | (Chec | ck all app Direc | plicable) | | Person(s) to Issuer 10% Owner Other (specify | | |
|--|--|--|-----------------------------------|-----------------------------------|--|--|---|-----|-----------------------------|------------|--|--|-----------------------------------|--|---|---|----|---|---------------------------------------|--|
| (Last) 450 NOF | (Fi RTH BRAN | , | Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 02/22/2021 | | | | | | | | | X | below | | | | below) | |
| (Street) GLEND | | ate) (2 | 21203 Zip) | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individual or Joint/Group Filing (Check Applicable le) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | Table | I - No | n-Deriva | tive S | Secui | rities | Acc | uired | , Dis | posed of | , or B | enef | iciall | y Own | ed | | | | |
| Date | | | 2. Transact Date (Month/Day | Execu y/Year) if any | | Deemed cution Date, ly nth/Day/Year) | | | | Disposed O | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | 5. Amou Securiti Benefic Owned Reporte | es ially Following | 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 Prio | ce | Transac | ransaction(s) nstr. 3 and 4) | | | (11301. 4) | |
| COMMON STOCK 02/2 | | | | | 021 | | | | F | | 419(1) | D | D \$80.83 | | 15,261 | | D | | | |
| COMMON STOCK | | | | | | | | | | | | | | 6,952 | | | I | BY TRUST ⁽²⁾ | | |
| | 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 | 3. Transaction Date (Month/Day/Year) | if any | emed tion Date, n/Day/Year) | 4. Transa Code (8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Expira (Month | tion D | | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | De Se (In | Price of erivative ecurity istr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4 | Beneficial Ownership (Instr. 4) | |
| Explanation of Posponess: | | | | | Code | v | (A) | (D) | Date Exercis | sable | Expiration Date | Title | Amou or Numb of Share | er | | | | | | |

- 1. These shares were withheld by the Issuer to satisfy the withholding obligations of the reporting person with respect to the vesting on February 22, 2021 of shares of restricted stock held by the reporting
- 2. Shares held by the Jay D. Johns Revocable Trust created on 9/20/2013.

Remarks:

/s/ Christine K. Son as attorney-in-fact for Jay D.

02/24/2021

<u>Johns</u>

** 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.