FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL
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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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* MacKenzie Tod J.			. Date of Event Requiring Stater Month/Day/Yea	nent	3. Issuer Name and Ticker or Trading Symbol DineEquity, Inc [DIN]						
(Last)	(First)	1/03/2010			tionship of Reporting Pers all applicable) Director	on(s) to Issu	(Me	5. If Amendment, Date of Original Filed (Month/Day/Year)			
450 N. BRAND BLVD. 7TH FLOOR					X	Officer (give title below) Sr. V.P. Communi	Other (spe	cify 6. I	Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person		
(Street) GLENDALE (City)	CA (State)	91203-4415 (Zip)				Si. V.I. Communic	ations		Form filed by More than One Reporting Person		
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)						ally Owned (Instr. 4)	1		4. Nature of Indirect Beneficial Ownership (Instr. 5)		
No securities are beneficially owned.						0	D				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
			ite	3. Title and Amount of Securiti Underlying Derivative Security 4)			4. Conversion or	5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
				Expiration Date	Title		Amount or Number of Shares	Exercise Price of Derivative Security	Direct (D) or Indirect (I) (Instr. 5)		

Explanation of Responses:

/s/ Tod J. MacKenzie

11/03/2010

** 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 5 (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.