FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Nashington,	D.C.	20549	

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP
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OMB APPROVAL							
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

Name and Address of Reporting Person*     Poulter Martha					2. Issuer Name and Ticker or Trading Symbol Dine Brands Global, Inc. [ DIN ]							ck all applica	Reporting Person(s) to Issuer ble) 10% Owner						
(Last)	(First)	`	ddle)			3. Date of Earliest Transaction (Month/Day/Year) 07/07/2023								Officer ( below)	give title		Other (specifical of the other controls)	pecify	
10 WEST W		TREET			4. If Amendment, Date of Original Filed (Month/Day/Year)					/Year)	Line)	6. Individual or Joint/Group Filing (Check App Line)  X Form filed by One Reporting Persor							
(Street) PASADENA	A CA	91	103											Form file Person	ed by More	than	One Report	ing	
(City)	(State				Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.														
4 774 - 10 - 1			e I - Nor	1-Deriv		_				isp	1	f, or Bene		Owned 5. Amoun		c 0	nership 7	7. Nature of	
Date			action 2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Code (Ins	3. 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) 5)			Securities Beneficia Owned Fo	Form (D) or ollowing (I) (In:		Direct I Indirect E str. 4)	ndirect Beneficial Ownership						
									Code	<b>/</b>	Amount	(A) or (D)	Price	Reported Transaction (Instr. 3 as	on(s) nd 4)			(Instr. 4)	
	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)	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)  5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and of Securitie Underlying Derivative S (Instr. 3 and	ecurity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	s Ily	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				
					Code	v	(A)	(D)	Date Exercisable		Expiration Date	Title	Amount or Number of Shares						
RESTRICTED STOCK UNITS (DIVIDEND EQUIVALENT RIGHTS)	(1)	07/07/2023			A		14.306		(2)		(2)	COMMON STOCK	14.306	\$0.00	1,628.38	85	D		

## **Explanation of Responses:**

- 1. Each dividend equivalent right is the economic equivalent of one share of common stock.
- 2. Represents dividend equivalent rights that accrued on the underlying award of restricted share units. Dividend equivalent rights accrue when and as dividends are paid on the common shares underlying the applicable restricted share units and vest proportionately with and are subject to settlement and expiration upon the same terms as the restricted share units to which they relate.

## Remarks:

/s/ Christine K. Son as attorney-07/11/2023 in-fact for Martha C. Poulter

\*\* 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.