

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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STATEMENT OF CHANGES IN 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 *				2.	2. Issuer Name and Ticker or Trading Symbol						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
TWOHIG P	AUL E				Fi	esta	Rest	aurant	Gro	oup, I	nc. [F	RGI	[]		, incubic)		100/ 0	
(Last) (First) (Middle)			3.	3. Date of Earliest Transaction (MM/DD/YYYY)						X _ Director10% Owner Officer (give title below) Other (specify below)				below)				
C/O FIEST			T GR	OUP.	,			5/	2/2	018								
INC., 14800 BOULEVAI																		
	(Stre	eet)			4.	If An	nendme	ent, Date	Orig	inal Fil	ed (MM/D	D/YY	YY)	6. Individual of	or Joint/G	roup Filing	(Check Appl	icable Line)
DALLAS, TX 75254 (City) (State) (Zip)										X Form filed by One Reporting Person Form filed by More than One Reporting Person								
			Table	I - No	n-De	rivati	ive Sec	urities A	cqui	red, Di	isposed o	of, or	Ber	neficially Own	ed			
1.Title of Security (Instr. 3) 2. Trans. De			ate 2A. Deemed Execution Date, if any		3. Trans. Coc (Instr. 8)		e 4. Securities Acquir Disposed of (D) (Instr. 3, 4 and 5)		Fo		Amount of Securities Beneficially Owned following Reported Transaction(s) Instr. 3 and 4)			Ownership Form: of Inc Bene	7. Nature of Indirect Beneficial Ownership			
						Code	V	Amount	(A) or (D)	Price	e				or Indirect (I) (Instr. 4) (I) (Instr. 4)			
Common Stock, par value \$0.01 per share 5/2/2018			18			A		3572	A (1)	\$0.00 (1)			16981		D			
	Tab	le II - Der	ivative	Secur	ities	Bene	ficially	Owned	(e.g.	, puts	, calls, w	arrai	nts,	options, conve	rtible sec	urities)		
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Date Exe	3A. Dec Executi Date, if	ution (Instr.			Acquired Disposed	ve Securities 1 (A) or		6. Date Exercisable and Expiration Date				Underlying Security	Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned	Form of Derivative Security:	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	V	(A)	(D)	Da Exc	te ercisable	Expiration Date	Title	Am Sha	ount or Number of		Following Reported Transaction(s) (Instr. 4)	Direct (D) or Indirect (I) (Instr. 4)	

Explanation of Responses:

(1) The Shares were granted to the Reporting Person pursuant to the Issuer's 2012 Stock Incentive Plan and subject to restrictions on transfer. The stock award reported herein shall vest (and the restrictions shall lapse) in full on the earlier of (i) one business day before the Issuer's 2019 annual meeting of stockholders or (ii) May 2, 2019, provided that in each case the Reporting Person has continuously remained a director of the Issuer. Any unvested shares underlying the stock award reported herein will be immediately forfeited upon the Reporting Person ceasing to be a director. The stock award reported herein is not transferable unless vested.

Reporting Owners

Reporting Owner Name / Address	Relationships					
Reporting Owner Name / Address	Director 10% Owner Office		Officer	Other		
TWOHIG PAUL E C/O FIESTA RESTAURANT GROUP, INC. 14800 LANDMARK BOULEVARD, SUITE 500 DALLAS, TX 75254	X					

Signatures

/s/ Paul Twohig	5/4/2018
** 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 control number.