

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

OMB APPROVAL					
OMB Number:	3235-0104				
Estimated average burden					
nours per response					

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

(Print or Type Respon	nses)									
1. Name and Address of Reporting Person * SMITH DARREN HOWARD		2. Date of Event Requiring Statement (Month/Day/Year) 10/07/2013		3. Issuer Name and Ticker or Trading Symbol Chanticleer Holdings, Inc. [HOTR]						
PO BOX 37584	(First)	(Middle)	- 10/0//2013		4. Relationship of Issuer		· · /	5. If Amendment, Date Original Filed(Month/Day/Year)		
DURBAN, T3 40	(Street)				Director X Officer (give tirbelow)	below)	cify Applicable _X_Form i	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person		
2012111, 12 1007					CPO of S. African Subsidiary			To mi med by More than one reporting Person		
(City)	(State)	(Zip)		Table I - Non-Derivative Securities Beneficially Owned						
1.Title of Security (Instr. 4)			2. Amount of See Beneficially Own (Instr. 4)			ned	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Common Stock			37	376		D				
Reminder: Report on	Person unless	s who respond the form displa	d to the c ays a cur	ollection rently val	of info	ormatio IB cont	on contained in t		·	
1. Title of Derivative (Instr. 4)		2. an	Date Exercisable d Expiration Date onth/Day/Year)		3. Title and Ai		· • · · · · · · · · · · · · · · · · · ·	4. Conversion	5. Ownership Form of Derivative Security: Direct	6. Nature of Indirect Beneficial Ownership (Instr. 5)
			ate xercisable	Expiration Date	Title	Amour	nt or Number of	Security	(D) or Indirect (I) (Instr. 5)	

Reporting Owners

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
SMITH DARREN HOWARD PO BOX 37584 DURBAN, T3 4067			CPO of S. African Subsidiary		

Signatures

/s/ Darren Smith	10/08/2013
**Signature of Reporting Person	Date

Explanation of Responses:

- * 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.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.