FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

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

| (Print or Ty | pe Response | s) | | | | | | | | | | | | | | | | | | |
|--|---------------|---------------|-----------------------|------------------------------|--|------|--------------------------------------|--------|-----|---|---|-------------------------------|---|--|---|--|---|--|---|-----------|
| Name and Address of Reporting Person * Pruitt Michael D | | | | | 2. Issuer Name and Ticker or Trading Symbol Chanticleer Holdings, Inc. [HOTR] | | | | | | | 5 | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director10% Owner | | | | | | | |
| 7621 LITTLE AVENUE, SUITE 414 | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/05/2016 | | | | | | | | X Officer (give title below) Other (specify below) CEO, Chairman | | | | | | | |
| (Street) | | | | 4. If | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | ine) | | |
| CHARLO (City | OTTE, NC | (State) | | (Zip) | | | т | abla I | No | n Do | wivetive | Coonwit | ios A o | | | | | | | |
| 1.Title of Security (Instr. 3) | | | Date (Month/Day/Year) | | 2A. Deemed Execution Date, if | | 3. Transaction Code (Instr. 8) | | | 4. Securities Acquire (A) or Disposed of ((Instr. 3, 4 and 5) | | | ed 5. Amou (D) Beneficia | | ant of Securities ally Owned Following d Transaction(s) | | 6. | p of I Ber | 7. Nature of Indirect Beneficial Ownership | |
| | | (1.1011 | | | , | | Со | de | V | Amount | (A) or (D) | Price | | | | | , | or Indirect (Ins | | |
| Common Stock | | | 07/0: | 5/2016 | | | | F | , | | 1,000 | A | \$ 0.431 | 17 | 2,000 | 00 | | I By | | ' IRA |
| Common Stock | | 07/0 | 5/2016 | | | | P | • | | 1,000 | A | \$ 0.419 | 99 | 172,251 | | D | | | | |
| Common Stock | | | | | | | | | | | | | | 35,050 | | | I | Av Fir Gr | By Avenel Financial Group, Inc. | |
| Reminder: | Report on a s | separate line | for each | n class of secu | | | | | | Per con the | sons what stained i form dis | no resp n this i splays | form a a cur | are i | not requ tly valid | ction of inf lired to res OMB cont | spond unl | ess | C 147 | 74 (9-02) |
| | | | | Table II - | | | | | | | Disposed s, conver | | | | Owned | | | | | |
| 1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security | | | | 3A. Deemed Execution Date | | Code | | Number | | 6. I and (M | Date Exercisable and Expiration Date Anonth/Day/Year) | | 7. A U So (I | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | | Derivative Security (Instr. 5) | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | Owne Form Deriv Secur Direct or Ind | of ative ity: | |
| | | | | | | Code | v | (A) | (D) | Dat Exc | te ercisable | Expirat Date | tion | itle | Amount or Number of Shares | | | | | |

Reporting Owners

| | Relationships | | | | | | | |
|--|---------------|--------------|---------------|-------|--|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | | |
| Pruitt Michael D 7621 LITTLE AVENUE, SUITE 414 CHARLOTTE, NC 28226 | X | | CEO, Chairman | | | | | |

Signatures

| /s/ Michael D. Pruitt | 07/07/2016 |
|---------------------------------|------------|
| **Signature of Reporting Person | Date |

Explanation of Responses:

- * 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.

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.