FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D

| Washington, D.C. 20549 | OMB APPROVAL | | | |
|--|--------------|---------|--|--|
| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP | OMB Number: | 3235-02 | | |

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|--------------------------|---------------------|----------|--|--|--|--|--|--|
| | OMB Number: | 3235-028 | | | | | | |
| Estimated average burden | | | | | | | | |
| l | hours per response: | 0.1 | | | | | | |

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

| 1. Name and Address of Reporting Person* May Scarlett | | | | | 2. Issuer Name and Ticker or Trading Symbol BRINKER INTERNATIONAL INC [EAT] | | | | | | | | | | ck all applic Directo | r | | 10% Ow | ner | |
|--|--|--|---|----------------|--|------|--|-----|--|-------------------------|---|------------------|--|--|---|---|---|---|--|--|
| (Last) (First) (Middle) 6820 LBJ FREEWAY | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/05/2015 | | | | | | | | | | below) | r (give title) <mark>, General Cou</mark> | | Other (s below) sel & Sec. | · | |
| (Street) DALLAS TX 75240 (City) (State) (Zip) | | | | 4.1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Line) | dividual or Joint/Group Filing (Check Applicable) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | Tab | le I - Nor | n-Deriv | vativ | e Se | curitie | s A | cqu | ired, D | isp | osed o | f, or B | enefi | iciall | y Owned | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | Execution Date | | | e, Transaction Disp Code (Instr. 5) | | | Disposed | urities Acquired (A) o sed Of (D) (Instr. 3, 4 a | | | 5. Amou Securitie Beneficia Owned F | s Formally (D) of ollowing (I) (II) | | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | / | Amount (| | or P | rice | Reported Transact (Instr. 3 | ion(s) | | | (Instr. 4) | |
| Common Stock 02/05/ | | | | 5/201 | /2015 | | | | Α | | 1,686 A S | | \$0.00 | 1,0 | 1,686 | | D | | | |
| | 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 E if any (Month/Day | Date, | 4. Transa Code (8) | | 5. Number | | 6. Date Exercisa Expiration Date (Month/Day/Year | | ate | | 7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4) | | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | E C F Illy C O | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exe | e rcisable | | xpiration ate | Title | or Nui of | ount mber ares | | | | | |
| Employee Stock Option Right-to- Buy | \$59.3 | 02/05/2015 | | | A | | 7,331 | | 02/0 | 05/2016 ⁽¹) | 0: | 2/05/2023 | Commor Stock | 7, | 331 | \$59.3 | 7,331 | | D | |

Explanation of Responses:

1. Options vest in installments on or after the date shown.

Remarks:

Bryan D. McCrory, Attorney-02/06/2015 in-Fact for Scarlett A. May

** 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.