## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| <b>STATEMENT</b> | <b>OF CHANGES</b> | S IN BENEFICIAL | <b>OWNERSHIP</b> |
|------------------|-------------------|-----------------|------------------|

OMB APPROVAL OMB Number: 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

| 1. Name and Address of Reporting Person*  DOYLE DAVID ROY               |                  |   |                |                               |                               | 2. Issuer Name and Ticker or Trading Symbol BRINKER INTERNATIONAL INC [ EAT ] |  |  |  |                 |   |       |                                | (Che                                      | ck all ap<br>Dire  | plicable)<br>ctor   | g Person(s) to I<br>10% (  | wner   |  |  |
|---|------------------|---|----------------|-------------------------------|-------------------------------|---|--|--|--|-----------------|---|-------|--------------------------------|---|--|---|--|--|--|--|
| (Last)<br>6820 LB   | (Fii<br>J FREEWA | , ,   | Middle)        |                               |                               | Date of Earliest Transaction (Month/Day/Year)<br>1/05/2014                    |  |  |  |                 |   |       | X                              | belo                                      | ,  | Other (specify below)   |  |  |  |  |
| (Street)  |                  |   | 75240          |                               |                               |   | 4. If Amendment, Date of Original Filed (Month/Day/Year) |  |  |                 |   |       |                                |   | Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person |   |  |  |  |  |
| (City)  | (St              |   | Zip)           | n Doriv                       | rativa                        | ative Securities Acquired, Disposed of, or Benefi                             |  |  |  |                 |   |       |                                | ficially                                  |  |   |  |  |  |  |
| 1. Title of Security (Instr. 3)   |                  | 2. Transaction<br>Date<br>(Month/Day/Year)  |                | 2A<br>Exc                     | 2A. Deemed<br>Execution Date, |   | 3. 4   |  | 4. Securities Acquired (A)<br>Disposed Of (D) (Instr. 3, 4 |                 |   | A) or | or 5. Amount                   |   | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4)  | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership               |  |  |  |  |
|   |                  |   |                |                               |                               |   |  | Code   | v  | Amount          | (A<br>(D  | or    | Price                          | Trans                                     | action(s)<br>3 and 4)  |   | (Instr. 4)   |  |  |  |
| Common  | Stock            |   |                | 11/05                         | /2014                         |   |  |  | S  |                 | 417   |       | D :                            | \$53.826                                  | 5  | 1,249   | I  | Shares<br>owned<br>by each<br>of 4<br>children |  |  |
| Common  | Stock            |   |                | 11/05                         | /2014                         |   |  |  | S  |                 | 415   |       | D :                            | \$53.836                                  | 5  | 834   | I  | Shares<br>owned<br>by each<br>of 4<br>children |  |  |
| Common  | Stock            |   |                | 11/06                         | /2014                         |   |  |  | S  |                 | 417   |       | D :                            | \$53.421                                  |  | 417   | I  | Shares<br>owned<br>by each<br>of 4<br>children |  |  |
| Common  | Stock            |   |                | 11/06                         | /2014                         |   |  |  | S  |                 | 417   |       | D                              | \$53.62                                   |  | 0   | I  | Shares<br>owned<br>by each<br>of 4<br>children |  |  |
|   |                  | Та  |                |                               |                               |   |  |  |  |                 | osed of,<br>onvertib  |       |                                |   | wned   |   |  |  |  |  |
| Derivative Conversion Date Executity or Exercise (Month/Day/Year) if ar |                  | 3A. Deem<br>Execution<br>if any<br>(Month/D | ned<br>n Date, | 4.<br>Transa<br>Code (I<br>8) | ction                         | 5. Number of  |  | 6. Date Exercisa<br>Expiration Date<br>(Month/Day/Year |  | sable and<br>te | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Instr.<br>and 4) |       | 8.<br>De<br>Se<br>(In          | Price of<br>rivative<br>curity<br>str. 5) | ative derivative rity Securities   | Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |  |  |
|   |                  |   |                |                               | Code                          | v   | (A)  | (D)  | Date<br>Exercisa   |                 | Expiration<br>Date  | Title | Amo<br>or<br>Num<br>of<br>Shai | nber                                      |  |   |  |  |  |  |
| .xpianati0f   | n of Respons     | cs.   |                |                               |                               |   |  |  |  |                 |   |       |                                |   |  |   |  |  |  |  |

Remarks:

Bryan D. McCrory, Attorneyin-Fact for David R. Doyle

11/07/2014

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).