FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

COMMISSION Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0104

Estimated average burden hours per response: 0.5

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 2. Date of Event 3. Issuer Name and Ticker or Trading Symbol 1. Name and Address of Reporting Person Requiring Statement (Month/Day/Year) BRINKER INTERNATIONAL, INC [EAT] Felix George S 09/01/2022 4. Relationship of Reporting Person(s) to 5. If Amendment, Date of Original (Last) (First) (Middle) Issuer Filed (Month/Day/Year) (Check all applicable) 3000 OLYMPUS BLVD. Director 10% Owner 6. Individual or Joint/Group Filing Officer (give Other (specify (Check Applicable Line) title below) below) Form filed by One Reporting (Street) Person SVP, Chief Marketing Officer **DALLAS** TX75019 Form filed by More than One Reporting Person (City) (State) (Zip) Table I - Non-Derivative Securities Beneficially Owned 4. Nature of Indirect Beneficial 1. Title of Security (Instr. 4) 2. Amount of Securities 3. Ownership Beneficially Owned (Instr. Form: Direct Ownership (Instr. 5) (D) or Indirect 4) (I) (Instr. 5) 0 Common Stock D Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) 1. Title of Derivative Security (Instr. 4) 2. Date Exercisable and 3. Title and Amount of Securities 6. Nature of **Expiration Date** Conversion Ownership **Indirect Beneficial Underlying Derivative Security** (Month/Day/Year) (Instr. 4) or Exercise Ownership (Instr. Form: Direct (D) Price of Amount Derivative or Indirect Security (I) (Instr. 5) Number

Explanation of Responses:

Remarks:

Christopher L. Green, Attorney-in-Fact for

George S. Felix

of

Shares

** Signature of Reporting Person

Date

09/08/2022

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

Date

Exercisable

Expiration

Date

Title

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.

^{*} 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).