FORM 4

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

OMB APPROVAL OMB 3235-Number: 0287 Estimated average

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**

burden hours per response...

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 Respon	ses)														
Name and Address of Reporting Person = Giannuzzi Nicholas				2. Issuer Name and Ticker or Trading Symbol ONE Group Hospitality, Inc. [STKS]					1	Relationship of Reporting Person(s) to Issuer (Check all applicable)						
(Last) (First) (Middle) 39 PERKINS ROAD				3. Date of Earliest Transaction (Month/Day/Year) 09/09/2014					<u> </u>	X_ Director 10% Owner Officer (give title Other (specify below)				below)		
(Street) GREENWICH, CT 06830				4. If Amendment, Date Original Filed(Month/Day/Year)					A	6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person				n		
(City) (State) (Zip)				Table I - Non-Derivative Securities Acqu					Acqui	ired, Disposed of, or Beneficially Owned				ed		
1.Title of S (Instr. 3)			any	tion Date, if	3. Transac Code (Instr. 8)	4. Securi Acquired Disposed (Instr. 3,	(A) 4 and (A) or	D) d 5)	5. Amount of Securities Beneficially O Following Rep Transaction(s) (Instr. 3 and 4	ported	6. Owner Form: Direct or India (I) (Instr.	of In Bene (D) rect (Inst	eficial ership		
Common par value per share	\$0.0001	09/09/2014			P		2,000	A		483,956 (1)	(2)	D				
Reminder:		a separate line for ea	ch class	s of securities	benefic	_ `							ar.			
						inf red	ormatio quired to	n coi res	ntaine pond	d to the colle d in this forn unless the fo control num	n are i orm dis	not		C 1474 (9-02)		
				ive Securities ts, calls, war	-	- 1	•			eficially Owned	d			_		
1. Title of Derivative Security (Instr. 3)		e (Month/Day/Year	Exec any	Deemed cution Date, if nth/Day/Year	Code		5. Number of Derival Securit Acquir (A) or Dispos of (D) (Instr. 4, and	a (I)	6. Date Exercisable and Expiration Date (Month/Day/Year)		Secur	unt of rlying	Derivative Security (Instr. 5)	f 9. Number of e Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Security: Direct (D) or Indirect	11. Nature of Indirec Beneficial Ownershi (Instr. 4)
					Code	e V	(A)		Date Exercisa	Expiration ble Date	Title	Amount or Number of Shares				

Reporting Owners

Deporting Owner Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Giannuzzi Nicholas							
39 PERKINS ROAD	X						
GREENWICH, CT 06830							

Signatures

/s/ Nicholas L. Giannuzzi	09/11/2014
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).

 Pursuant to the Merger Agreement, by and among Committed Capital Acquisition Corporation, CCAC Acquisition Sub, LLC, a Delaware limited liability company, The ONE Group, LLC, a Delaware limited liability company ("One Group"), and Samuel Goldfinger, as
- (1) representative of the owners of One Group Membership Interests, a portion of the common shares ("Escrow Shares") issued as consideration are being held by Continental Stock Transfer & Trust Company, as escrow agent, and are subject to forfeiture during the eighteen month period following the merger to satisfy indemnification claims. This amount includes 79,849 shares owned by Mr. Giannuzzi as Escrow Shares.
- Includes an aggregate of 6,314 shares of common stock held directly by the TOG Liquidating Trust ("Liquidating Trust") which shall be (2) issued to the Reporting Person upon the exercise of certain warrants held by him or upon the release of the Escrow Shares held by him held in the Liquidating Trust.

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.