## 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 Type Responses)  1. Name and Address of Reporting Person * HILARIO EMANUEL N			2. Issuer Name and Ticker or Trading Symbol ONE Group Hospitality, Inc. [STKS]				:	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  _X_ Director					
(Last) (First) (Middle) 411 WEST 14TH STREET, 2ND FLOOR			3. Date of Earliest Transaction (Month/Day/Year) 03/29/2019				[						
(Street) NEW YORK, NY 10014			4. If Amendment, Date Original Filed(Month/Day/Year)				-	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting PersonForm filed by More than One Reporting Person					
(City)	(State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Own					Owned					
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)		(Instr. 8)	4. Securities Acqu (A) or Disposed of (Instr. 3, 4 and 5)		(D) Beneficial Reported		nt of Securities Illy Owned Following Transaction(s)		6. Ownership Form:	Beneficial	
			(Month/Day/Year)	Code	V	Amount	(A) or (D)	Price	(Instr. 3 ar	10 4)		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
Common Stock		03/29/2019		A		13,078	A S	0 6	575,984			D	
Reminder: Report on a	a separate line fo	r each class of secur	ities beneficially ov		Perso conta	ons who	respond this form	n are	not requ		ormation spond unlestrol number	s	1474 (9-02)
Reminder: Report on	a separate line fo	Table II - 1	Derivative Securiti	ies Acquir	Perso conta the fo	ons who lined in orm disp	respond this form plays a c	n are urrer ficiall	not requ ntly valid	ired to res	pond unles	s	1474 (9-02)
1. Title of Derivative Security (Instr. 3)  2. Conversion of Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Y	Table II - 1  1 3A. Deemed Execution Day	Derivative Securiti (e.g., puts, calls, wa 4. te, if Transaction Code Year) (Instr. 8)	ses Acquires for Acquires for Derivative for Securities for Acquired for Disposed	Perso conta the fo ed, Dis otions, o 6. Dat and E (Monta	ons who lined in orm disp	o respond this form plays a c f, or Bene- ible securi- isable n Date	ficiall ficial	not requ ntly valid	ired to res OMB cont	pond unles	f 10. Ownersi Form of Derivati Security Direct ( or Indire	11. Nation of Indirection Benefic Owners: (Instr. 4)
1. Title of Derivative Security (Instr. 3)  1. Title of Derivative or Exercise Price of Derivative	3. Transaction Date (Month/Day/Y	Table II - 1  1 3A. Deemed Execution Day	Derivative Securiti (e.g., puts, calls, wa 4. Transaction Code Year) (Instr. 8)	ies Acquire prants, op 5. Number of Derivative Securities Acquired (A) or Disposed of (D)	Perso conta the fo ed, Dis- tions, e 6. Data and E (Montal	ons who	o respond this form plays a c f, or Bene- ible securi- isable n Date	n are urrer ficiall tites) 7. Ti Amo Unde Secu (Instr 4)	not requested by Owned  tle and bunt of erlying rities	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(	f 10. Owners: Form of Derivati Security Direct (i or Indirects)	11. Nation of Indir Benefic Owners: (Instr. 4

D 11 0 N 1	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
HILARIO EMANUEL N 411 WEST 14TH STREET 2ND FLOOR NEW YORK, NY 10014	X		President and CEO				

## **Signatures**

/s/ Linda Siluk, Attorney-in-Fact for Emanuel N. Hilario	04/02/2019
**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.