FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APPROVAL							
OMB Number:	3235-0287						
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).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* <u>Lintonsmith Susan</u>					<u>ON</u>	2. Issuer Name and Ticker or Trading Symbol ONE Group Hospitality, Inc. [ STKS ]									ationship of F all applicab Director		Person	(s) to Issuer	vner
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 09/30/2022									Officer (g below)	give title		Other (specify below)		
1624 MARKET ST, STE 311					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indi	Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person				
(Street) DENVER	СО	80	202													•	•	One Reportin	g Person
(City)	(State)	(Zi <sub>l</sub>	o)																
		Та	ble I - No	n-Der	rivativ	e Se	curitie	s Acq	uired, l	Disp	osed of,	, or l	Benefi	cially Ov	/ned				
Date					nsaction h/Day/Year) 2A. Deemed Execution Date, if any (Month/Day/Year)		Execution Date, if any				ties Acquired (A) or I Of (D) (Instr. 3, 4 ar			Securities Beneficiall Following	ecurities Fe eneficially Owned of		vnership n: Direct (D) direct (I) r. 4)	7. Nature of Indirect Beneficial Ownership	
							Code	v	Amount (A) or (D)		Price			(Instr. 4)					
Common Stock 09/3					30/202	2			A		2,117	7	A	\$6.64	12,243			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 Di if any (Month/Day/	ate,	4. Transact Code (In 8)		5. Num Derivat Securit Acquire or Disp (D) (Ins and 5)	ive ies ed (A) osed of	6. Date I Expiration (Month/I	on Da Day/Yo	te Seear) De (In		7. Title and Amou Securities Underl Derivative Securit (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s lly	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)

Explanation of Responses:

/s/ Christi Hing, Attorney-in-Fact 10/03/2022

\*\* 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> 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).