FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Vashington, | D.C. 20549 |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| 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)

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* Solano Brandon | | | | | 2. Issuer Name and Ticker or Trading Symbol RAVE RESTAURANT GROUP, INC. RAVE] | | | | | | | | (Che | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify | | | | | |
|---|---|------------|---|---|---|--|--|---|--|--|--------------------------------|--|--|---|--|--------|--|--|--|
| (Last) (First) (Middle) 3551 PLANO PARKWAY | | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/13/2023 | | | | | | | | | below) | | | below) | poony | | |
| (Street) THE CO | | | 75065 | | 4. If | f Amei | ndment, D | ate o | f Original F | iled | (Month/Day | //Year) | Line | Form fi | led by One led by Mor | Repo | (Check App rting Persor One Report | . | |
| (City) | ?) | , | (Zip) Dle I - Non | -Deriva | Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. Vative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D. | | | | action 2A. Deemed Execution Date, | | 3. Transaction Code (Instr. 8) 4. Securit Disposed 5) | | ties Acquired (A) or I Of (D) (Instr. 3, 4 and | | 5. Amour Securitie Beneficia Owned F Reported Transacti | s illy ollowing | Form: | : Direct II Indirect E str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | | |
| | | | Table II - I | | | | | | uired, Di | | Amount osed of, onvertib | or Bene | | (Instr. 3 a | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | | 3A. Deemed Execution Date, if any (Month/Day/Year) | ate, Tra | e, Transaction Code (Instr. | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Co | ode | v | (A) | (D) | Date Exercisab | | Expiration Date | Title | Amount or Number of Shares | | Transaction(s) (Instr. 4) | | | | |
| Restricted Stock Units | (1) | 11/13/2023 | | I | A | | 105,000 | | 10/15/202 | 6 | 10/15/2026 | Common Stock | (1) | (1) | 367,50 | 00 | D | | |

Explanation of Responses:

1. Each restricted stock unit represents the right to receive shares of common stock upon satisfaction of vesting requirements and performance criteria. The performance criteria are based on multiple financial metrics which, if at least minimum criteria are achieved, may yield from 50% to 150% of a share of common stock per restricted stock unit.

/s/ Brandon Solano

11/15/2023

** Signature of Reporting Person

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

- * 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.

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.