FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL									
OMB Number:	3235-0287								
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hours per response:	0.5								

	Check this box if no longer subject
$\Box$	to Section 16. Form 4 or Form 5
$\cup$	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

							- ()				inpuriy Act c		·							
1. Name ar	2. Issuer Name <b>and</b> Ticker or Trading Symbol GEN Restaurant Group, Inc. [GENK]											p of Reporti olicable)	ng Per	rson(s) to I						
<u>Grour</u>	11011140					**										cor er (give title		Other (s	-	
(1+)	(Fi	3. Date of Earliest Transaction (Month/Day/Year)									X	belov			below)	specify				
(Last) C/O GEI	07/24/2023									<b>Chief Financial Officer</b>										
	A If Amondment Date of Original Filed (Month Day 2/5 - 2)								r) (	C tradicidade and Indian (One of the U.S.)										
11480 S	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)										
(Ctt)															X Form filed by One Reporting Person					
(Street) CERRITOS CA 90703					Form filed by More than One Rep Person										orting					
(City)	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.														
		Table	I - No	n-Deriva	tive S	ecur	ities	Acc	ηuired,	Dis	posed of	, or I	Benefi	ciall	y Owr	ned				
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/					Execution D			on Date, Tra		Transaction Disposed Code (Instr. 5)		es Acquired (A) Of (D) (Instr. 3,		and Secu		icially d	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A) (D)	or Price	e	Repor Transa					
Class A Common Stock 07/24/20						)23			A		90,909(1)	A	\$0.	\$0.00(2)		90,909		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)	titve Conversion or Exercise (Month/Day/Year)   Execution Date, if any (Month/Day/Year)   Price of Derivative Security		4. Transaction Code (Instr. 8)		5. Numl of Deriv Secu Acqu (A) or Dispo of (D) (Instr	rative rities iired r osed ) r. 3, 4	6. Date Exercisa Expiration Date (Month/Day/Yea		ate	7. Titl Amou Secur Unde Deriv Secur (Instr	int of rities rlying ative	Der	Price of ivative curity etr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	e s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
			Code	v	(A)	(D)			Expiration Date	Title	Amount or Number of Shares									

## Explanation of Responses:

- 1. Represents restricted stock units of which (i) 20% vest six months following the grant date, (ii) 20% vest on the first anniversary of the grant date, (iii) 20% vest on the second anniversary of the grant date, (iv) 20% vest on the third anniversary of the grant date.
- 2. Granted as compensation for services.

## Remarks:

<u>/s/ Thomas Croal</u> <u>07/26/2023</u>

\*\* Signature of Reporting Person Date

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.