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

1. Name and Address of Reporting Person [*] Deno David J.						2. Issuer Name and Ticker or Trading Symbol Bloomin' Brands, Inc. [BLMN]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last)	(First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 02/12/2015									X Office below	,	e ce	Other (s below)	specify	
		T SHORE BLVI)													EVP &	e CF.	AU		
SUITE 500						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)															X Form	filed by One	e Rep	orting Perso	on	
TAMPA	AMPA FL 33607				-										Form filed by More than One Reporting Person					
(City)	(S	tate) (
		Tab	le I - N	lon-Deri	vative	Sec	uriti	es A	cquired, I	Disp	oosed o	of, or E	Bene	ficial	ly Owne	d				
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day						Exe if ar	Deemed ecution Date, any onth/Day/Year)		Code (In	Transaction Code (Instr.		4. Securities Acquired (Disposed Of (D) (Instr. : and 5)			Securit Benefic Owned	ies cially	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	unt (A) or (D)		Price	Report Transa	Following Reported Transaction(s) (Instr. 3 and 4)		u. 4)	(1150. 4)	
Common Stock 02/12/2						015			Α		9,596	5(1)	4	\$24.9	9 19	9,167		D		
Common Stock 02/12/20						015			F		2,691	(2)	D	\$24.9	9 16	5,476		D		
			Tabl						quired, Dis						wned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any		4. Transac Code (In 8)	tion	5. ion Number		6. Date Exer Expiration I	6. Date Exercisab Expiration Date (Month/Day/Year)		7. Title Amount Securiti Underly Derivati	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	ly	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership	
					Code	v	V (A)	(D)	Date Exercisable		<piration ate<="" th=""><th>Title</th><th>or</th><th>ount nber ares</th><th></th><th></th><th></th><th></th><th></th></piration>	Title	or	ount nber ares						
Stock Option (right to buy)	\$14.58								(3)	05	5/07/2022	Common Stock	¹ 400),000		400,000	0	D		
Stock Option (right to buy)	\$17.4								(4)	02	2/26/2023	Common Stock	¹ 72	,551		72,551		D		
Stock Option (right to buy)	\$25.32								02/27/2015 ⁽⁵) 02	2/27/2024	Common Stock	58	,800		58,800)	D		

Explanation of Responses:

1. Represents shares of common stock acquired upon vesting of certain performance-based share units as a result of achievement of performance goals.

2. These shares were withheld by the issuer to pay for the applicable withholding tax due upon vesting of certain performance-based share units.

3. This stock option vests in five equal annual installments beginning on May 7, 2013.

4. This stock option vests in four equal annual installments beginning on February 26, 2014.

5. This stock option vests in four equal annual installments beginning on February 27, 2015.

Remarks:

in-Fact

** 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).

/s/ Kelly Lefferts, as Attorney-02/17/2015

** 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.