FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	DC	20549
vvasilliquon,	D.C.	20049

STATEMENT	OF	<b>CHANGES</b>	IN BEI	NEFICIAL	<b>OWNERSHIP</b>

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

Name and Address of Reporting Person*     Meyer Christopher Adkins					2. Issuer Name and Ticker or Trading Symbol Bloomin' Brands, Inc. [ BLMN ]							Relationship of eck all application	cable) or	g Pers	10% Ov	vner			
(Last)	`	irst) DRE BLVD.	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 02/27/2024								below)		Other (sp below) Financial Officer		` ′	
SUITE 5	00				4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)						Line	6. Individual or Joint/Group Filing (Check Applicab Line)						
(Street) TAMPA	FI		33607												iled by Mor	•	orting Person		
(City)	(S	tate)	(Zip)		R	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.										to satisfy									
		Tal	ole I - No	n-Deri	ivativ	e Se	curi	ties Ac	quired,	Dis	posed of	f, or Bei	neficial	y Owned					
1. Title of Security (Instr. 3)  2. Transal Date (Month/Date)					Execution Date,		Transaction Disposed Code (Instr.		ies Acquired (A) or Of (D) (Instr. 3, 4 a		Benefici Owned F	es ally Following	Form (D) or	: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
								Code	v	Amount	Amount (A) or (D)		Transact	Reported Transaction(s) (Instr. 3 and 4)			(11130.4)		
Common Stock 02/27/				27/202	/2024		M		3,194 <sup>(1)</sup> A		\$25.3	2 132,530			D				
Common Stock 02/27/				27/202	/2024			F		3,065 <sup>(1)</sup> D \$		\$27.1	4 129,465		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 Date (Month/Day/Year)  Price of Derivative Security  3. Transaction Date Execution Date (Month/Day/Year)  (Month/Day/Year)		Date,	4. Transaction Code (Instr. 8)		n Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficia Owned Following Reported Transacti	e s illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	011(9)			
Stock Option (right to buy)	\$25.32	02/27/2024			M	М		3,194 <sup>(1)</sup>	(2)		02/27/2024 Common Stock 3		3,194	\$0	0		D		

## **Explanation of Responses:**

- 1. Relates to cashless exercise and hold transaction in connection with stock options that were expiring.
- 2. On February 27, 2014, these stock options were granted in the original amount of 3,194, which vest in four equal annual installments, with a final vesting in 2018.

## Remarks:

/s/ Kelly Lefferts, Attorney in

**Fact** 

02/29/2024 \*\* 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.