SECURITIES AND EXCHANGE COMMISSION

FORM 4

Statement of changes in beneficial ownership of securities

Filing Date: **2013-03-25** | Period of Report: **2013-03-22**
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(HTML Version on secdatabase.com)

REPORTING OWNER

Cottingim Kevin T.

CIK:**1549090**
Type: **4** | Act: **34** | File No.: **001-35549** | Film No.: **13715287**

Mailing Address
*C/O IGNITE RESTAURANT
GROUP*
*9900 WESTPARK DRIVE,
SUITE 300*
HOUSTON TX 77063

ISSUER

Ignite Restaurant Group, Inc.

CIK:**1526796**| IRS No.: **943421359**
SIC: **5812** Eating places

Mailing Address
*9900 WESTPARK DRIVE,
SUITE 300*
HOUSTON TX 77063

Business Address
*9900 WESTPARK DRIVE,
SUITE 300*
HOUSTON TX 77063
(713) 336-7500

FORM 4

☐ Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person [*]
Cottingim Kevin T.
(Last) (First) (Middle)
C/O IGNITE RESTAURANT GROUP, 9900 WESTPARK DRIVE, SUITE 300
(Street)
HOUSTON, TX 77063
(City) (State) (Zip) | 2. Issuer Name **and** Ticker or Trading Symbol
Ignite Restaurant Group, Inc. [IRG]

3. Date of Earliest Transaction (Month/Day/Year)
03/22/2013

4. If Amendment, Date Original Filed(Month/Day/Year) | 5. Relationship of Reporting Person(s) to Issuer
(Check all applicable)
_____ Director _____ 10% Owner
__X__ Officer (give title below) _____ Other (specify below)
SVP and CAO

6. Individual or Joint/Group Filing
(Check applicable line)
__X__ Form Filed by One Reporting Person
_____ Form Filed by More than One Reporting Person |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			
Common Stock	03/22/2013		J [(1)]		11,178	A	$ 0	47,559	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 Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		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 Transaction(s) (Instr. 4)	10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

Explanation of Responses:

1. Distribution from JCS Holdings, LLC in connection with the vesting of common units of JCS Holdings, LLC held by the reporting person.

Signatures

/s/ Edward W. Engel, as Attorney-In-Fact   03/25/2013
** 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.