FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* DAGGETT SUSAN | | | | | | | 2. Issuer Name and Ticker or Trading Symbol NOODLES & Co [NDLS] | | | | | | | | | | ıll appli Directo | cable) or | ng Per | son(s) to Iss 10% Ov | vner |
|---|---|--|---|---------|---|-----------------------------|--|---|---------------|-------------------------------|---------------|---|--|-------------|---|-------------------------------------|-------------------------------|--|---------------|---|---|
| (Last) 520 ZAN | Last) (First) (Middle) | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/15/2018 | | | | | | | | | | X Officer (give title Other (specify below) Interim Chief Financial Office | | | | | | |
| (Street) | Street) BROOMFIELD CO 80021 | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting | | | | | | |
| (City) (State) (Zip) | | | | | | | | | | | | | | | | | Persor | 1 | | | |
| | | Tab | le I - Noi | n-Deriv | /ative | e Se | curit | ies Ad | cquir | red, C | Disp | osed c | of, or | Ber | neficia | lly O | wned | l | | | |
| Di | | | | | 2. Transaction Date (Month/Day/Year) | | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | tion istr. | 4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 5) | | | | nd Securitie Benefici Owned F | | es ally Following | Form (D) o | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership |
| | | | | | | | | | С | ode | v | Amount | | A) or D) | Price | T | ransact nstr. 3 | tion(s) | | | (Instr. 4) |
| Class A Common Stock 05/15 | | | | | | 8 | | | | S | | 3,200 | 0 | D | \$9.6 | 6 | 23,800 | | | D | |
| Class A Common Stock 05/15 | | | | | | 8 | | | | S | | 1,800 | 0 | D | \$9.6 | 5 | 22,000 | | | D | |
| Class A Common Stock 05/15/ | | | | | 5/2018 | 8 | | | | М | | 2,500 | 0 | A | \$7.0 | 4 | 24,500 | | | D | |
| Class A Common Stock 05/15/ | | | | | | 8 | | | | S | | 2,500 | 0 | D | \$9.4 | 3 | 22,000 | | | D | |
| | | 7 | able II - | | | | | | | | | sed of onverti | | | | / Ow | ned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Da | Date, | | Transaction Code (Instr. | | n of l | | te Exer ration I th/Day | Date | ble and | 7. Title and Amount of Securities Underlying Derivative Securi (Instr. 3 and 4) | | l Security | Deri Secu | rivative curity str. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4 | Beneficial Ownership t (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exerc | cisable | | xpiration ate | Title | | Amount or Number of Shares | | | | | | |
| Stock Option (Right to | \$7.04 | 05/15/2018 | | | M | | | 2,500 | | (1) | 08 | 3/12/2026 | Class Comn Stoc | non | 2,500 | , | \$0 | 7,500 | | D | |

Explanation of Responses:

 $1.\ These options, originally representing the right to buy 10,000 shares of Class A Common Stock, vest in 4 equal annual installments beginning 8/12/2017$

Remarks:

/s/ David Boennighausen, attorney in fact

05/16/2018

** 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.