

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL	
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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* <u>Mill Road Capital III, L.P.</u> _____ (Last) (First) (Middle) 382 GREENWICH AVENUE SUITE ONE _____ (Street) GREENWICH CT 06830 _____ (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 06/30/2022	3. Issuer Name and Ticker or Trading Symbol <u>NOODLES & Co [NDLS]</u>	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) Other (specify below)	5. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person <input checked="" type="checkbox"/> Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Class A Common Stock, \$0.01 par value	20,203	D ⁽¹⁾	
Class A Common Stock, \$0.01 par value	4,699,148	I	See footnote ⁽²⁾
Class A Common Stock, \$0.01 par value	22,386	I	See footnote ⁽³⁾

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			

1. Name and Address of Reporting Person* <u>Mill Road Capital III, L.P.</u> _____ (Last) (First) (Middle) 382 GREENWICH AVENUE SUITE ONE _____ (Street) GREENWICH CT 06830 _____ (City) (State) (Zip)

1. Name and Address of Reporting Person* <u>Mill Road Capital III GP LLC</u> _____ (Last) (First) (Middle) 382 GREENWICH AVENUE SUITE ONE _____ (Street) GREENWICH CT 06830 _____ (City) (State) (Zip)
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