FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | OMB APPRO | VAL | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | |
| l | Estimated average burden | | | | | | | |
| l | 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

| | | | | | | | | | | | · · | | | | | | | | | |
|--|---|--------|------------|---------|----------|--|---|--|--------|--|---------------------|----------------------|---|--------------------------------------|---|---|---|---|--|--|
| 1. Name and Address of Reporting Person* | | | | | | | 2. Issuer Name and Ticker or Trading Symbol Chefs' Warehouse, Inc. [CHEF] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
| <u>AUSTIN JOHN D</u> | | | | | | | Siero , , archouse, mer [Ondr] | | | | | | | | | ector | 10% | Owner | | |
| (Last) (First) (Middle) | | | | | | | Date of Earliest Transaction (Month/Day/Year) | | | | | | | | | icer (give title ow) | Other below | (specify | | |
| (Last) | , | 01/ | 01/21/2015 | | | | | | | | | | Chief Fina | ncial Officer | | | | | | |
| 100 EAST RIDGE ROAD | | | | | | | | | | | | | | | | | | | | |
| (Chroat) | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) RIDGEFIELD CT 06877 | | | | | | | | | | | | | | X Form filed by One Reporting Person | | | | | | |
| | | | | | . | | | | | | | | | | Form filed by More than One Reporting | | | | | |
| (City) (State) (Zip) | | | | | | | | | | | | | | | Pe | rson | | | | |
| | | Tabl | e I - Noi | า-Deriv | ative | Se | curiti | es Ac | quired | , Dis | posed o | f, or l | Bene | eficia | lly Ow | ned | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | | ar) i | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Code | Transaction Disposed Code (Instr. 5) | | ties Acc I Of (D) | juired (Instr. | (A) or 3, 4 ar | d Secu Bene | nount of irities eficially ed Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amount | (A |) or) | Price | Tran | saction(s) r. 3 and 4) | | (111501.4) | | |
| Common | Stock | 1/2015 | 2015 | | | F | | 1,142 | 2 | D | \$22 | .8 | 139,563 | D | | | | | | |
| | | Та | | | | | | | | | sed of, onvertib | | | | / Owne | d | | | | |
| 1. Title of Derivative Security (Instr. 3) | rative Conversion Date Execution Date or Exercise (Month/Day/Year) if any | | | Date, | Code (8) | Transaction Code (Instr. | | of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Date Expiration Date Expiration Expiration Date Exercisable | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of Title Shares | | 8. Price of Derivative Security (Instr. 5) | | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |

Explanation of Responses:

Remarks:

/s/ Alexandros Aldous,

Attorney-in-Fact for John D. 01/23/2015

Austin

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.

^{**} Signature of Reporting Person Date