## Edgar Filing: Ells Steve - Form 4

**Flls Steve** 

| Form 4   |  |                    |                                 |  |  |        |   |   |  |                      |  |
|--|--|--------------------|---------------------------------|--|--|--------|---|---|--|----------------------|--|
| October 13, 2  | 2006                                   |                    |                                 |  |  |        |   |   |  |                      |  |
| FORM 4 UNITED STATES SECURITIES AND                                      |  |                    |                                 |  |  |        |   |   | OMB APPROVAL   |                      |  |
|  | UNITED                                 | STATES             |                                 | shington,  |  |        | NGE C                                     | COMMISSION  | OMB<br>Number:   | 3235-0287            |  |
| Check this box<br>if no longer<br>subject to<br>Section 16.<br>Form 4 or |  |                    |                                 | NGES IN BENEFICIAL OWN<br>SECURITIES   |  |        |   | NERSHIP OF  | Expires:<br>Estimated a<br>burden hour<br>response                   | -                    |  |
| Form 5<br>obligation<br>may cont<br><i>See</i> Instru<br>1(b).           | ns Section 17                          | (a) of the l       | Public U                        |  | ling Con                               | npany  | y Act of                                  | e Act of 1934,<br>E 1935 or Section<br>O  |  |                      |  |
| (Print or Type F   | Responses)                             |                    |                                 |  |  |        |   |   |  |                      |  |
| Ells Steve Symbol<br>CHIP  |  |                    | Symbol                          | Issuer Name <b>and</b> Ticker or Trading<br>nbol<br>IIPOTLE MEXICAN GRILL INC<br>MG/CMG.B] |  |        |   | 5. Relationship of Reporting Person(s) to<br>Issuer<br>(Check all applicable)                       |  |                      |  |
|  |  |                    |                                 |  |  |        |   |   |  |                      |  |
| (Last)<br>1543 WAZE  | (First) (                              | Middle)<br>ITE 200 | 3. Date of (Month/D<br>10/12/20 | -  | ansaction                              |        |   | X Director<br>X Officer (give<br>below)<br>Chat   |  | Owner<br>er (specify |  |
| (Street) 4. If Am  |  |                    | 4. If Ame                       | mendment, Date Original  |  |        | 6. Individual or Joint/Group Filing(Check |   |  |                      |  |
| Filed(Mo<br>DENVER, CO 80202   |  |                    |                                 | onth/Day/Year)   |  |        |   | Applicable Line)<br>_X_ Form filed by One Reporting Person<br>Form filed by More than One Reporting |  |                      |  |
| (City)   | (State)                                | (Zip)              |                                 |  |  |        |   | Person  |  |                      |  |
| (City)   | (State)                                | (Zip)              | Tabl                            | e I - Non-D  | erivative                              | Secur  | ities Acq                                 | uired, Disposed of  | , or Beneficial  | ly Owned             |  |
| 1.Title of<br>Security<br>(Instr. 3)                                     | 2. Transaction Dat<br>(Month/Day/Year) | Execution<br>any   |                                 | 3.<br>Transactio<br>Code<br>(Instr. 8)   | 4. Securi<br>on(A) or Di<br>(Instr. 3, | ispose | d of (D)                                  | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)      | 6. Ownership<br>Form: Direct<br>(D) or<br>Indirect (I)<br>(Instr. 4) |                      |  |
| (1) D  |  |                    |                                 | Code V   | Amount                                 |        | Price                                     | (Instr. 3 and 4)  |  |                      |  |
| Class B<br>Common<br>Stock   | 10/12/2006                             |                    |                                 | S  | 5,000                                  | D      | \$<br>55.69                               | 965,050   | D  |                      |  |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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| 1. Title of<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | 4.<br>Transact<br>Code<br>(Instr. 8) | 5.<br>orNumber<br>of<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3,<br>4, and 5) |                     | ate                | Secur | int of<br>rlying                       | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Nu<br>Deriv<br>Secu<br>Bene<br>Owna<br>Follo<br>Repo<br>Trans<br>(Instr |
|---|---|---|---|--------------------------------------|---|---------------------|--------------------|-------|--|---|--|
|   |   |   |   | Code V                               | (A) (D)   | Date<br>Exercisable | Expiration<br>Date | Title | Amount<br>or<br>Number<br>of<br>Shares |   |  |

## **Reporting Owners**

| Reporting Owner Name / Address                               |          | Relationships |                |       |  |  |  |  |  |
|--|----------|---------------|----------------|-------|--|--|--|--|--|
|  | Director | 10% Owner     | Officer        | Other |  |  |  |  |  |
| Ells Steve<br>1543 WAZEE STREET, SUITE 2<br>DENVER, CO 80202 | 00 X     |               | Chairman & CEO |       |  |  |  |  |  |
| Signatures   |          |               |                |       |  |  |  |  |  |
| /s/ Steve Ells 10/13   | /2006    |               |                |       |  |  |  |  |  |
| <u>**</u> Signature of Da                                    | te       |               |                |       |  |  |  |  |  |

\*\*Signature of Reporting Person

## **Explanation of Responses:**

\* 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. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.