

ONE Group Hospitality, Inc.
 Form 3/A
 November 12, 2014

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

(Print or Type Responses)

1. Name and Address of Reporting Person * Â PERLMAN RICHARD E (Last) (First) (Middle) 411 W. 14TH STREET, 2ND FLOOR (Street) NEW YORK, Â NY Â 10014 (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 10/27/2013	3. Issuer Name and Ticker or Trading Symbol ONE Group Hospitality, Inc. [STKS]	4. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input checked="" type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input type="checkbox"/> Officer <input type="checkbox"/> Other (give title below) (specify below)	5. If Amendment, Date Original Filed(Month/Day/Year) 11/05/2013	6. Individual or Joint/Group Filing(Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person
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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)
Common Stock, par value \$0.0001 per share	43,075 ⁽¹⁾	D	Â

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

SEC 1473 (7-02)

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 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) Title	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
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Date Exercisable	Expiration Date	Amount or Number of Shares	or Indirect (I) (Instr. 5)
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Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
PERLMAN RICHARD E 411 W. 14TH STREET, 2ND FLOOR NEW YORK, NY 10014	X	^	^	^

Signatures

/s/ Richard E.
Perlman

11/12/2014

**Signature of
Reporting Person

Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, *see* Instruction 5(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).
Represents (i) 10,000 shares of common stock, par value \$0.0001 per share, of The ONE Group Hospitality, Inc. (the "Company"), previously reported on Form 3 filed with the Securities and Exchange Commission (the "Commission") on November 5, 2013 (the "Original Form 3") and (ii) an aggregate of 33,075 shares of common stock, par value \$0.0001 per share, owned by Mr. Perlman prior to (1) the filing of the Original Form 3. This Form 3 is being amended to include the shares of common stock owned by Mr. Perlman under clause (ii) of the immediately preceding sentence. On September 11, 2014, Mr. Perlman filed a Form 4 with the Commission to report the purchase of an additional 20,000 shares of common stock of the Company. After taking this amended Form 3 into account, the total direct holdings of Mr. Perlman as of the date of such purchase would have been 63,075.

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.