FORM 3

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

| OMB APP                  | ROVAL     |  |  |  |  |  |  |
|--------------------------|-----------|--|--|--|--|--|--|
| OMB Number:              | 3235-0104 |  |  |  |  |  |  |
| 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

| Name and Address of Reporting Person*     Borgese Samuel N.  |                |              | 2. Date of Event Requiring Statement (Month/Day/Year) 07/24/2014  3. Issuer Name and Ticker or Trading Symbol El Pollo Loco Holdings, Inc. [ LOCO ] |  |   |                     |  |   |  |   |   |  |
|--|----------------|--------------|---|--|---|---------------------|--|---|--|---|---|--|
| (Last) (First) (Middle) C/O EL POLLO LOCO HOLDINGS, INC. 3535 HARBOR BLVD., SUITE 100                              |                | LDINGS, INC. |   |  |   | Officer (give title | 10% Owne Other (spe                    | r<br>cify   | If Amendment, Date of Original Filed (Month/Day/Year)      Individual or Joint/Group Filing (Check |   |   |  |
| (Street) COSTA MESA  | CA             | 92626        |   |  |   | below)              | below)                                 |   | Applica<br>X   | •   | y One Reporting Person<br>y More than One<br>erson          |  |
| (City)   | (State)        | (Zip)        |   |  |   |                     |  |   |  |   |   |  |
| Table I - Non-Derivative Securities Beneficially Owned   |                |              |   |  |   |                     |  |   |  |   |   |  |
| 1. Title of Security (Instr. 4)  |                |              |   | 2. Amount of Securities<br>Beneficially Owned (Instr. 4) |   |                     |  | 4. Nature of Indirect Beneficial Ownership (Instr. 5) |  |   |   |  |
| 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)  |  | d 3. Title and Amount of Securiti<br>Underlying Derivative Security |                     | ty (Instr. 4) Conv                     |   | ion<br>ise   | 5.<br>Ownership<br>Form:                    | 6. Nature of Indirect<br>Beneficial Ownership<br>(Instr. 5) |  |
|  |                |              | Date<br>Exercisable   | Expiratio<br>Date  | n Title   |                     | Amount<br>or<br>Number<br>of<br>Shares | Price of<br>Derivativ<br>Security                     | ve   | Direct (D)<br>or Indirect<br>(I) (Instr. 5) |   |  |
| Stock Options  | (right to buy) |              | (1)   | 04/16/2022   | 2   | Common Stock        | 2,500                                  | 22.48   | 8  | D   |   |  |
| Stock Options  | (right to buy) |              | (2)   | 04/16/2022   | 2   | Common Stock        | 5,000                                  | 50  |  | D   |   |  |

## **Explanation of Responses:**

- 1. The Stock Options were granted under the Corporation's 2012 Stock Option Plan with 1,875 options fully vested and 625 options vesting on April 16, 2015.
- 2. The Stock Options were granted under the Corporation's 2012 Stock Option Plan with 3,750 options fully vested and 1,250 options vesting on April 16, 2015.

## Remarks:

/s/ Edith R. Austin, as attorneyin-fact 07/24/2014

\*\* Signature of Reporting Person Date

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

- \* If the form is filed by more than one reporting person, see Instruction 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).

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.