FORM 4

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

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Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 Estimated average burden 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).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

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Name and Address of Reporting Person*  Hollandsworth Maria					2. Issuer Name <b>and</b> Ticker or Trading Symbol El Pollo Loco Holdings, Inc. [ LOCO ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
Holland	usworu	1 IVI	<u>aria</u>			1					,_,		- 1			Direc	tor	1	0% Ov	vner	
									_			/D 0/ )				Office below	er (give title v)		Other (s elow)	pecify	
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 11/07/2024								CHIE	IEF OPERATING OFFICI		₹R					
C/O EL POLLO LOCO HOLDINGS, INC.			11/0	11/0//2024									01111	or Dru							
3535 HARBOR BLVD., SUITE 100																					
<u> </u>			4. If Amendment, Date of Original Filed (Month/Day/Year)								6. In	6. Individual or Joint/Group Filing (Check Applicable									
(Street)							Line)									<u></u>					
COSTA	MESA	CA	9:	2626											1	/ Form	filed by On	e Reportin	g Perso	on	
														Form filed by More than One Reporting Person							
(City)		(Stat	e) (Z	ľip)																	
			Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or E	3ene	ficia	lly Own	ed				
1. Title of Security (Instr. 3)  2. Transact Date								3. 4. Securities Acquired (A) Transaction Disposed Of (D) (Instr. 3,			A) or	) or 5. Amount of 4 and Securities				7. Nature					
(Month/Day			y/Year) if any				Code (Instr.   5)		5. (5) (man. 3, 4		, <del>4</del> and	Benefi Owned	cially I Following	(D) or Ind	irect 1)	Beneficial Ownership (Instr. 4)					
								v	Amount	nt (A) or P		Price	Transa	Reported Transaction(s) (Instr. 3 and 4)							
Common Stock 11/07/2			2024				F		9,126(1)	I	)	\$12.9	1 10	106,139							
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																					
					(e.g., pu	its, ca	alls, v	warra	ants,	optio	ns, c	onvertib	le se	curi	ties)						
1. Title of Derivative Security (Instr. 3)	Derivative Conversion Date Execution Security or Exercise (Month/Day/Year) if any		emed ion Date, /Day/Year)	4. Transaction Code (Instr. 8)		of Deriv	r osed ) r. 3, 4	Expiration D. (Month/Day/		ite	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		[ S	3. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Own Forn Direc or In (I) (Ir		Beneficial Ownership (Instr. 4)			
						Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amo or Num of Shar	ber						

## **Explanation of Responses:**

1. The reporting person vested in 23,641 shares of common stock, of which the issuer retained 9,126 shares to satisfy the reporting person's tax obligation upon vesting of the restricted stock award. The price quoted in column 4 is the issuer's closing share price on November 6, 2024.

/s/ Anne E. Jollay, Attorney-

11/07/2024

in-Fact

\*\* 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 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.