

OMB APPROVAL	
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* <u>Hallmark Insurance Co</u> <hr/> (Last) (First) (Middle) 5420 LYNDON B JOHNSON FREEWAY SUITE 1100 <hr/> (Street) DALLAS TX 75240 <hr/> (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <u>RAVE RESTAURANT GROUP, INC.</u> [RAVE]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) <input checked="" type="checkbox"/> Other (specify below) <p style="text-align: center;">Group (Note 1)</p>
	3. Date of Earliest Transaction (Month/Day/Year) 12/21/2022	
4. If Amendment, Date of Original Filed (Month/Day/Year)		

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			
Common Stock	12/21/2022		S		252,428	D	\$1.6	0	D ⁽¹⁾⁽²⁾	

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					(A)	(D)	Date Exercisable	Expiration Date					

1. Name and Address of Reporting Person*
Hallmark Insurance Co

 (Last) (First) (Middle)
 5420 LYNDON B JOHNSON FREEWAY
 SUITE 1100

 (Street)
 DALLAS TX 75240

 (City) (State) (Zip)

1. Name and Address of Reporting Person*
HALLMARK FINANCIAL SERVICES INC

 (Last) (First) (Middle)
 5420 LYNDON B. JOHNSON FREEWAY
 STE 1100

 (Street)
 DALLAS TX 75240

 (City) (State) (Zip)

1. Name and Address of Reporting Person*
AMERICAN HALLMARK INSURANCE Co OF TEXAS

 (Last) (First) (Middle)
 5420 LYNDON B JOHNSON FREEWAY

SUITE 1100

(Street)

DALLAS TX 75240

(City)

(State)

(Zip)

1. Name and Address of Reporting Person*

[Hallmark Specialty Insurance Co](#)

(Last)

(First)

(Middle)

5420 LYNDON B JOHNSON FREEWAY
SUITE 1100

(Street)

DALLAS TX 75240

(City)

(State)

(Zip)

Explanation of Responses:

1. Each Reporting Person is a member of a "group" for purposes of Section 13(d)(3) of the Exchange Act. The group consists of Hallmark Financial Services, Inc. ("HFS"), American Hallmark Insurance Company of Texas ("AHIC"), Hallmark Insurance Company ("HIC"), Hallmark Specialty Insurance Company ("HSIC"), Newcastle Partners, LP, Newcastle Capital Management LP, Newcastle Capital Group LLC, NCM Services, Inc., Schwarz 2012 Family Trust, and Mark E. Schwarz.

2. Shares and transactions reported are owned directly by HIC. HFS is the direct or indirect parent of each of AHIC, HIC, and HSIC.

[Steven D. Davidson as](#)

[Attorney-in-Fact for each](#)

[12/21/2022](#)

[Reporting Person](#)

** 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.