

Schalow Laurie  
 Form 3  
 April 02, 2019

**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 Schalow Laurie  
 (Last) (First) (Middle)

2. Date of Event Requiring Statement

(Month/Day/Year)  
 03/29/2019

3. Issuer Name and Ticker or Trading Symbol

CHIPOTLE MEXICAN GRILL INC [CMG]

4. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

Director  10% Owner  
 Officer  Other  
 (give title below) (specify below)  
 Chief Communications Officer

5. If Amendment, Date Original Filed(Month/Day/Year)

C/O CHIPOTLE MEXICAN GRILL, INC.,Â 310 NEWPORT CENTER DR

(Street)

NEWPORT BEACH,Â CAÂ 92660

(City) (State) (Zip)

6. Individual or Joint/Group Filing(Check Applicable Line)  
 Form filed by One Reporting Person  
 Form filed by More than One Reporting Person

**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)

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)

4. Conversion or Exercise Price of Derivative Security

5. Ownership Form of Derivative Security: Direct (D)

6. Nature of Indirect Beneficial Ownership (Instr. 5)

Date Exercisable Expiration Date

Title Amount or Number of

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|            |                           |            |                 | Shares |           | or Indirect<br>(I)<br>(Instr. 5) |   |
|------------|---------------------------|------------|-----------------|--------|-----------|----------------------------------|---|
| 2018 SOSAR | 03/29/2020 <sup>(1)</sup> | 03/29/2025 | common<br>stock | 3,194  | \$ 355.42 | D                                | Â |
| 2019 SOSAR | 02/08/2021 <sup>(1)</sup> | 02/08/2026 | common<br>stock | 1,922  | \$ 582.77 | D                                | Â |

## Reporting Owners

| Reporting Owner Name / Address   | Relationships |           |                                |       |
|--|---------------|-----------|--------------------------------|-------|
|  | Director      | 10% Owner | Officer                        | Other |
| Schalow Laurie<br>C/O CHIPOTLE MEXICAN GRILL, INC.<br>310 NEWPORT CENTER DR<br>NEWPORT BEACH, CA 92660 | Â             | Â         | Â Chief Communications Officer | Â     |

## Signatures

/s/ Helen Kaminski, by power of attorney filed  
herewith

04/02/2019

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).
- (1) The SOSAR granted to the reporting person vests in equal amounts on the second and third anniversaries of the grant date, subject to possible acceleration of vesting.

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.