PAPA JOHNS INTERNATIONAL INC Form 3 October 03, 2006 FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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 Rep Person <u>*</u> McCue Peter	S	Statement	011004011144			ng Symbol ONAL INC [PZZA]
(Last) (First)		Month/Day/Year) 10/02/2006	4. Relationship of Reporting Person(s) to Issuer			5. If Amendment, Date Original Filed(Month/Day/Year)
P.O. BOX 99900 (Street) LOUISVILLE, KYÂ	40269		Director X Officer (give title below	(specify belo	Owner w)	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One
(City) (State)	(Zip)	Table I - N		Vice President ive Securiti		Reporting Person neficially Owned
1.Title of Security (Instr. 4)		2. Amount o Beneficially (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Natu Owner (Instr.	•
No securities are benefic	cially owned	0		D	Â	
Reminder: Report on a separa owned directly or indirectly.	te line for each	class of securities benefic	ially SI	EC 1473 (7-02)	
inform require	ation contain ed to respond	nd to the collection of led in this form are not d unless the form displ 3 control number.				
Table II - Deri	vative Securit	ies Beneficially Owned (e	.g., puts, calls,	warrants, opt	ions, co	onvertible 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		4. Conversion or Exercise	5. Ownership Form of	6. Nature of Indirect Beneficial Ownership (Instr. 5)
			(Instr. 4)		Price of	Derivative	
	Date Exercisable	Expiration Date	Title	Δ mount or	Derivative Security: Security Direct (D) or Indirect	2	
						or Indirect	

OMB APPROVAL

Estimated average burden hours per

3235-0104

January 31,

2005

0.5

OMB

Number:

Expires:

response...

Shares (I) (In

(Instr. 5)

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
McCue Peter P.O. BOX 99900 LOUISVILLE, KY 40269	Â	Â	Senior Vice President	Â			
Signatures							
Kenneth M. Cox, by power of attorney	10/03/2006						
**Signature of Reporting Person		Date					
Environment of Da							

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).

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.