# FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL
OMB Number: 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).

#### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| (Print or Ty   | pe Response   | s)              |                       |                  |  |          |  |                   |                                       |  |   |  |                    |   |   |                                      |
|--|---|-----------------|-----------------------|------------------|--|----------|--|-------------------|---------------------------------------|--|---|--|--------------------|---|---|--------------------------------------|
| 1. Name and Address of Reporting Person * Russell Sharon A.          |   |                 |                       |                  | 2. Issuer Name and Ticker or Trading Symbol CHUY'S HOLDINGS, INC. [CHUY] |          |  |                   |                                       |  |   | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner |                    |   |   |                                      |
| (Last) (First) (Middle)<br>1623 TOOMEY ROAD                          |   |                 |                       |                  | 3. Date of Earliest Transaction (Month/Day/Year) 07/24/2012              |          |  |                   |                                       |  | X Officer (give title below) Other (specify below)  Secretary and CAO   |  |                    |   |   |                                      |
| (Street) AUSTIN, TX 78704  |   |                 |                       | 4. If            | 4. If Amendment, Date Original Filed(Month/Day/Year)                     |          |  |                   |                                       |  | 6. Individual or Joint/Group Filing(Check Applicable Line)  Form filed by One Reporting Person Form filed by More than One Reporting Person |  |                    |   |   |                                      |
| (City  |   | (State)         | (Zip)                 |                  |  | Table    | I - No                                     | n-De              | rivative S                            | Securit  | ies Acqı  | ıired, Disp  | osed of, or l      | Beneficially  | Owned   |                                      |
| 1.Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Year) |   | Execu<br>any    |                       |                  | Code<br>(Instr. 8)   |          | (A) or Disposed of (D) (Instr. 3, 4 and 5) |                   |                                       | 5. Amount of Securities<br>Beneficially Owned Following<br>Reported Transaction(s) |   |  | Ownership of Form: | Beneficial  |   |                                      |
|  |   |                 | (Mont                 | (Month/Day/Year) |  | ode      | V  | Amount            | (A)<br>or<br>(D)                      | Price  | (Instr. 3   | Instr. 3 and 4)  |                    | \ /   | direct (Instr. 4)   |                                      |
| Common   | Stock   |                 | 07/24/2012            |                  |  |          | P  |                   | 100                                   | A  | \$<br>14.97   | 100  |                    |   | I   | By<br>daughter                       |
| Common Stock 07/2  |   | 07/24/2012      |                       |                  |  | P        |  | 400               | A                                     | \$<br>14.68  | 5 500   | 500  |                    | I   | By<br>daughter  |                                      |
| Terminder.   | report on a c   | reparate line i | for each class of sec | - Deriv          | ative Secu   | rities A | .cquir                                     | Per<br>con<br>the | sons whatained in<br>form dis         | no responding this is splays   | form ar<br>a curre<br>Beneficia   | e not requently valid  | OMB con            | ormation<br>spond unle<br>trol numbe  | ss  | 1474 (9-02)                          |
| 1 77'4 6   | I.  | 2.77            | la. 5                 |                  | puts, calls,   |          | nts, oj                                    |                   |                                       |  |   |  | 0.00: 0            | 0.37  | C 10  | 11.37.                               |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)                  | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security |                 | Year) Execution D     | Date, if         | 4. Transaction Code Year) (Instr. 8)                                     |          | Number ar                                  |                   | nd Expiration Date<br>Month/Day/Year) |  | Am<br>Und<br>Sec  | Title and mount of aderlying curities sistr. 3 and   |                    | 9. Number of<br>Derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s<br>(Instr. 4) | Owners<br>Form of<br>Derivati<br>Security<br>Direct (I<br>or Indire | Beneficia Ownershi (Instr. 4) D) ect |
|  |   |                 |                       |                  |  |          |  | Dat               | te<br>ercisable                       | Expirate Date  | tion Tit  | Amount or Number   |                    |   |   |                                      |

## **Reporting Owners**

| D. C. O. N.   | Relationships |              |                   |       |  |  |  |  |
|---|---------------|--------------|-------------------|-------|--|--|--|--|
| Reporting Owner Name / Address                            | Director      | 10%<br>Owner | Officer           | Other |  |  |  |  |
| Russell Sharon A.<br>1623 TOOMEY ROAD<br>AUSTIN, TX 78704 |               |              | Secretary and CAO |       |  |  |  |  |

### **Signatures**

| /s/ Sharon A. Russell           | 07/31/2012 |
|---------------------------------|------------|
| **Signature of Reporting Person | Date       |

#### **Explanation of Responses:**

- \* 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.

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.