FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington D.C. 20549

wasn	iington,	D.C.	20549

STATEMENT (OF CHANGE	ES IN BENEFICI	AL OWNERSHIP

IL.	OMB AP	ROVAL
	//B Number:	3235-0287
E	timated average	burden
h	urs per response	e: 0.5
E	timated average	burden

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

					- 0. 0			01 1110 1			inpuny Act	OI 10-10							
1. Name and Address of Reporting Person* <u>Fidelity National Financial, Inc.</u>				2. Issuer Name and Ticker or Trading Symbol Del Frisco's Restaurant Group, Inc. [DFRG]									Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner						
(Last)	(Fii ERSIDE AV	,	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 01/20/2016								Officer (give title Other (specify below) below)					
(Street) JACKSC)NVILLE F		32204 Zip)		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Indi Line)	Form filed by One Reporting Person						
(- 9)				n-Deriv	ative	Sec	uritie	es Aco	quired	, Dis	sposed o	f, or I	3ene	ficially	Owne	ed			
1. Title of S	Security (Inst			2. Transa Date (Month/D	ction	2A Ex	. Deeme	ed Date,	3. Transa Code (8)	ction	4. Securitie Disposed C	s Acqu	ired (A)	or	5. Am Secur Benef Owne	ount of ities icially d Following	6. Owners Form: Dir (D) or Ind (I) (Instr. 4	ect irect	7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	(A) (D)	or Pi	rice		ted action(s) 3 and 4)			(Instr. 4)
Common	Stock			01/20/	2016				P		88,823	A	\$	14.95 ⁽¹⁾	2,0	661,929	I		Through Fidelity National Financial Ventures, LLC ⁽²⁾
		Та	ble II -								osed of, convertib				wned				
Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any		4. Transa Code (I 8)			6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Der Sed (Ins	rice of ivative urity tr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)						
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amou or Numl of Share	per					
		Reporting Person* Financial, In	<u>C.</u>																
(Last)	ERSIDE AV	(First)	(Mic	ddle)															

1. Name and Address of Reporting Person* <u>Fidelity National Financial, Inc.</u>								
(Last)	(First) (Middle)							
601 RIVERSIDE AVE								
(Street)								
JACKSONVILLE	FL	32204						
(City)	(State)	(Zip)						
1. Name and Address of Reporting Person* <u>Fidelity National Financial Ventures, LLC</u>								
(Last)	(First)	(Middle)						
601 RIVERSIDE A	VE							
(Street)								
JACKSONVILLE	FL	32204						
(City)	(State)	(Zip)						

Explanation of Responses:

^{1.} This transaction was executed in multiple trades at prices ranging from \$14.89 to \$14.98. The reporting person hereby undertakes to provide upon request to the SEC staff, the issuer, or a security holder of the issuer, full information regarding the shares purchased at each separate price.

^{2.} The shares are held by Fidelity National Financial Ventures, LLC ("FNFV"). FNFV is a direct, wholly-owned subsidiary of Fidelity National Financial, Inc. ("Parent"). The shares may also be deemed to be indirectly beneficially owned by Parent.

Remarks:

FIDELITY NATIONAL FINANCIAL, INC. By: /s/

Michael L. Gravelle, Executive 01/22/2016

Vice President, General Counsel and Corporate

<u>Secretary</u>

FIDELITY NATIONAL

FINANCIAL VENTURES,

01/22/2016 LLC. By: /s/ Michael L.

Gravelle, Managing Director and Corporate Secretary

** 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.