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DUNKIN' BRANDS GROUP, INC.

Reported by

BAIN CAPITAL INTEGRAL INVESTORS 2006, LLC

FORM 3

(Initial Statement of Beneficial Ownership)

Filed 07/27/11 for the Period Ending 07/27/11

Address	130 ROYALL STREET CANTON, MA 02021
Telephone	7817374516
CIK	0001357204
Symbol	DNKN

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FORM 3

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

OMB APPROVAL
OMB Number: 3235-0104
Expires: February 28, 2011
Estimated average burden hours per response... 0.5

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

1. Name and Address of Reporting Person *	2. Date of Event Requiring Statement (MM/DD/YYYY)	3. Issuer Name **and** Ticker or Trading Symbol
BAIN CAPITAL INVESTORS LLC	**7/27/2011**	**DUNKIN' BRANDS GROUP, INC. [DNKN]**
(Last) (First) (Middle) **111 HUNTINGTON AVENUE,**	4. Relationship of Reporting Person(s) to Issuer (Check all applicable) _____ Director ___ **X** ___ 10% Owner _____ Officer (give title below) _____ Other (specify below)	
(Street) **BOSTON, MA 02199** (City) (State) (Zip)	5. If Amendment, Date Original Filed (MM/DD/YYYY)	6. Individual or Joint/Group Filing (Check Applicable Line) ___ Form filed by One Reporting Person _ **X** _ 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)
Common Stock, $0.001 par value	**31004251**	**I**	**See Footnote** (1)

Table II - Derivative Securities Beneficially Owned (*e.g.* , puts, calls, warrants, options, convertible securities)

1. Title of Derivate Security (Instr. 4)	2. Date Exercisable and Expiration Date (MM/DD/YYYY)		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) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			

Explanation of Responses:

(1) Represents shares of the Issuer held by Bain Capital Integral Investors 2006, LLC ("Integral"), BCIP TCV, LLC ("BCIP TCV") and BCIP Associates-G ("BCIP-G" and together with Integral and BCIP TCV, collectively the "Bain Capital Funds"). Bain Capital Investors, LLC ("BCI") is the administrative member of each of Integral and BCIP TCV. In addition, BCI is the managing general partner of BCIPG. By virtue of these relationships, BCI may be deemed to share voting and dispositive power with respect to the shares of Common Stock held by the Bain Capital Funds. BCI and each of the Bain Capital Funds expressly disclaims beneficial ownership of any such securities, except to the extent of its pecuniary interest therein.

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
BAIN CAPITAL INVESTORS LLC				

111 HUNTINGTON AVENUE BOSTON, MA 02199		**X**		
Bain Capital Integral Investors 2006, LLC 111 HUNTINGTON AVENUE BOSTON, MA 02199				**Legal Affairs Manager**
BCIP TCV, LLC 111 HUNTINGTON AVENUE BOSTON, MA 02199		**X**		
BCIP Associates-G 111 HUNTINGTON AVENUE BOSTON, MA 02199		**X**		

Signatures

/s/ Mark Nunnelly **7/27/2011**

** 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 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.

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.