FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

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Washington	DC2	0549				

OMB APP	PROVAL
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	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).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

1(c). Se	ee Instruction 1	0.																	
Name and Address of Reporting Person*     Tolson Susan			TA]	2. Issuer Name and Ticker or Trading Symbol TAKE TWO INTERACTIVE						(Cł	5. Relationship of Reporting Person(s) to Is (Check all applicable)  Director 10% Ov								
				SOFTWARE INC [ TTWO ]								Officer (give title			Other (s				
(Last)	(Fir	rst) (M	/liddle)											_		ow)		below)	
C/O TAKE-TWO INTERACTIVE SOFTWARE, INC.			3. Date of Earliest Transaction (Month/Day/Year) 08/14/2025																
110 WEST 44TH STREET				4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)								
(Street)																m filed by Or	e Rep	orting Perso	on
NEW YO	ORK NY	<i>7</i> 1	0036													m filed by Mo son	ore tha	n One Repo	orting
(City)	(St	ate) (Z	Zip)																
		Table	I - Nor	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	osed of	, or E	Bene	ficia	ally Ow	ned			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)			Execution Date,				ies Acquired (A Of (D) (Instr. 3,			nd Secu Bene Own	nount of rities ficially ed Following	Forn (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership					
							Code	v	Amount (A) or (D)			Price		saction(s) : 3 and 4)			(Instr. 4)		
Common Stock 08/14/			/2025				A		254(1)	1	A	\$ <mark>0</mark>		31,155		D			
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	med on Date, Day/Year)	4. Transaction Code (Instr. 8)		of Deriv Secu Acqu (A) o Dispo of (D (Instr	of E		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)			8. Price of Derivativ Security (Instr. 5)		ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)		Date Exercisa	able	Expiration Date	Title	or Num of	.					

## **Explanation of Responses:**

1. Represents the acquisition of shares pursuant to a grant of restricted common stock pursuant to the Director compensation program (the "Program") and the Issuer's 2017 Stock Incentive Plan (the "Stock Plan"). The shares of restricted stock vest on the first anniversary of the Pricing Date (as defined below). As provided by the terms of the Program and the Stock Plan, (i) the grant date was August 14, 2025; and (ii) the number of shares were determined based on the dollar value of the award and the average of the closing prices of the common stock on the thirty trading days prior to August 14, 2025 (the "Pricing Date"), the fifth trading day following the filing of the Issuer's Quarterly Report on Form 10-Q.

> /s/ Aaron Diamond, attorneyin-fact for Ms. Susan Tolson

08/18/2025

\*\* 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.