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				Washington, D.C. 20549								Г		OMB APPROVAL		
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).				pursual								RSHIP	Estim	OMB Number: 3235-0287 Estimated average burden hours per response: 0.5		
1. Name and Address of Reporting Person* Tolson Susan (Last) (First) (Middle)				2. Issuer Name and Ticker or Trading Symbol <u>TAKE TWO INTERACTIVE</u> <u>SOFTWARE INC</u> [TTWO]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner Officer (give title below) Other (specify below)				
C/O TAKE-TWO INTERACTIVE SOFTWARE, INC.					3. Date of Earliest Transaction (Month/Day/Year) 08/10/2021											
110 WE51 441D SIKEE1				4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)				
(Street) NEW YORK NY 10036												 Form filed by One Reporting Person Form filed by More than One Reporting Person 				
(City) (State) (Zip)																
	Table	e I - Nor	n-Deriva	tive S	ecur	ities Acq	uired,	Dis	posed of	, or Ber	efici	ally Own	ed			
Date				h/Day/Year) Execution Dat		ution Date,	Code	action (Instr.	Disposed Of (D) (Instr			nd Securit Benefic Owned	ties cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
								v	Amount	(A) or (D)	Price	Transa	ction(s)		(Instr. 4)	
Common Stock 08/1			08/10/	2021			Α		333(1)	Α	\$() 25	5,045	D		
	Та												d			
2. Conversion or Exercise Price of Derivative Security	Date Execution (Month/Day/Year) if any		on Date, Transac Code (Ir		ction of		Expirati	on Da	te	Amount of Securities Underlying Derivative Security (Ins 3 and 4)		8. Price of Derivative Security (Instr. 5)	derivative Securities Beneficially Owned Following Reported	Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership (Instr. 4)	
	k this box if no k ction 16. Form 4 ations may continu- inction 1(b). and Address of <u>1 Susan</u> (Fir KE-TWO IN EST 44TH ST CORK NY (St F Security (Inst n Stock 2. Conversion or Exercise Price of Derivative	FORM 4 U tk this box if no longer subject ction 16. Form 4 or Form 5 ations may continue. See rction 1(b). and Address of Reporting Person 1 Susan (First) ((KE-TWO INTERACTIVE EST 44TH STREET (ORK NY (State) ((Table f Security (Instr. 3) n Stock Ta 2 Conversion or Exercise Price of Derivative State (Month/Day/Year)	FORM 4 UNITED It his box if no longer subject tection 16. Form 4 or Form 5 attons may continue. See retion 1(b). STAT and Address of Reporting Person* 1 Susan (Middle) It control (First) (Middle) It control (First) (Middle) It control (State) (Zip) It control (State) (Zip) It control It control It control It control	FORM 4 UNITED STAT It his box if no longer subject iction 16. Form 4 or Form 5 ations may continue. See incloin 1(b). 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If Amendred 100/000/000 (State) (Zip) Table 1 - Non-Derivative Security (Instr. 3) Conversion or Stock 08/10/2021 Table I - Derivative Securit (e.g., puts, calls, we for any (Month/Day/Year) 1 Stock 08/10/2021	FORM 4 UNITED STATES SECURITIES Washing kt his box if no longer subject tection 16. Form 4 or Form 5 ations may continue. See uction 1(b). STATEMENT OF CHANGES Filed pursuant to Section 16(a) or Section 30(h) of the tr Filed pursuant to Section 16(a) or Section 30(h) of the tr and Address of Reporting Person* 1 Susan 2. Issuer Name and Tick TAKE TWO INTERACTIVE SOFTWARE, (First) 2. Issuer Name and Tick TAKE TWO INTERACTIVE SOFTWARE, (State) ST44TH STREET (State) 3. Date of Earliest Trans 08/10/2021 CORK NY 10036 (State) (Zip) 2. Transaction Date (Month/Day/Year) 2. A. Deemed Execution Date, if any (Month/Day/Year) n Stock 08/10/2021 2. Transaction Date (Month/Day/Year) 2. Transaction f any (Month/Day/Year) 5. Number of of coversion 1 2. 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Date of Earliest Transaction (Month/Day/Year) 6. Individual or Joint/Grou Line) (State) (Zip) 2. Transaction Date Month/Day/Year) 3. Securities Acquired (A) or Bypeord (D) (D) (Inst. 3, 4 and Bypeord (D	FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 Multication Longer subject atoms my continue. See action 100; STATEMENT OF CHANGES IN BENEFICIAL OWNERSHID International my continue. See action 100; Statement of persons and section 10(a) Statement of persons and section 10(b) of the investment Company Act of 1930 and Address of Reporting Person* 1.SUSAIN 2. Issuer Name and Ticker or Trading Symbol TAKE TWO INTERACTIVE SOFTWARE, INC [TTWO] 5. Relationship of Reporting Person(s) to Chicker all applicable) (First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year) 5. Relationship of Reporting Person(s) to Officer (give title	

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 10, 2021; 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 ten trading days prior to August 10, 2021 (the "Pricing Date"), the fifth trading day following the filing of the Issuer's Quarterly Report on Form 10-Q.

Date

Exercisable

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

or Number

of

Shares

Title

Expiration Date

08/12/2021

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 \ast 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).

Code V

(A) (D)

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.