FORM 4

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

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ton, D.C. 20549	OMB APPROVAL

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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 10b5STATEMENT 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

	ee Instruction 1																		
Name and Address of Reporting Person* <u>Srinivasan LaVerne Evans</u>			2. Issuer Name <b>and</b> Ticker or Trading Symbol TAKE TWO INTERACTIVE							Relationship of Reporting Person(s) to Issuer (Check all applicable)									
			SOFTWARE INC [ TTWO ]							1	Director			10% O	wner				
(Last)	(Fi	rst) (ľ	Middle)										Office below	er (give title v)		Other (s	specify		
C/O TAKE-TWO INTERACTIVE SOFTWARE, INC.				3. Date of Earliest Transaction (Month/Day/Year) 08/16/2024															
110 WEST 44TH STREET				4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Individual or Joint/Group Filing (Check Applicable Line)									
(Street)														Lille)	Form	filed by On	e Ren	orting Pers	nn l
NEW YO	ORK N	Y 1	0036													filed by Mo		ın One Repo	
(City)	(St	ate) (Z	Zip)																
		Table	I - Nor	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	oosed of	, or E	Benef	iciall	y Own	ed			
1. Title of Security (Instr. 3)  2. Transar Date (Month/Di				ay/Year) Execution		cution	ution Date,				es Acquired (A Of (D) (Instr. 3		, 4 and Secur Benef Owne		cially Following	Form (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount (A) o		or P	rice	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common	Stock			08/16/	5/2024				A		565(1)	565 <sup>(1)</sup> A		\$ <del>0</del>	11,692			D	
		Tal									osed of, o				Owne	d			
1. Title of Derivative Security (Instr. 3)	Derivative Conversion Date Execution Date, or Exercise (Month/Day/Year) if any				ransaction of ode (Instr. Derivative		rative rities ired r osed )	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4)		De Se (In	Price of rivative curity str. 5)	ve derivative Securities		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
			Code	v	(A)		Date Exercisable		Expiration Date	Title	Amou or Numb of Share	er							

## **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 16, 2024; 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 16, 2024 (the "Pricing Date"), the fifth trading day following the filing of the Issuer's Quarterly Report on Form 10-Q.

> /s/ Aaron Diamond, attorney-08/20/2024 in-fact for Ms. LaVerne E.

Srinivasan

\*\* 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.