## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to Section 16. Form 4 or Form 5	STATEMENT OF CHAN
obligations may continue. See	
Instruction 1(b).	Filed pursuant to Section

## IGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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. Name and Address of Reporting Person* Srinivasan LaVerne Evans					2. Issuer Name <b>and</b> Ticker or Trading Symbol  TAKE TWO INTERACTIVE SOFTWARE  INC [ TTWO ]										check a	tionship of Reporting P all applicable) Director			s) to Is		
(Last)	(Fi	rst) (	Middle)		11.	<u>~</u> [	11,110	, 1									Office	er (give title v)		Other (	specify
C/O TAKE-TWO INTERACTIVE SOFTWARE, INC.				RE,	3. Date of Earliest Transaction (Month/Day/Year) 05/24/2018													,		,	
110 WEST 44TH STREET					4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)															'	,	Form	n filed by One	e Reportin	g Pers	on
NEW YORK NY 10036																Form filed by More than One Reporting Person					orting
(City)	(St	tate) (	Zip)																		
		Tabl	e I - Nor	-Deriva	ative	Se	curitie	s Ac	quir	red, D	isp	osed o	f, or	Bene	eficia	ally O	wne	ed			
1. Title of Security (Instr. 3)  2. Transa Date (Month/D					ar)	Execution if any	A. Deemed Execution Date, f any Month/Day/Year		i. Transacti Code (Ins	4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)			(A) or 3, 4 a	4 and Secu Bene Own		cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
								C	Code V		Amount		(A) or (D) Pri		Reported Transaction (Instr. 3 and		ction(s)			(Instr. 4)	
Common Stock 05/24					/2018	В				A		469(1)	) A		\$	0 2,733		2,733	D		
		Та	ıble II - D									sed of, onvertib				y Owi	ned			,	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date, 7	1. Transaction Code (Instr. 3)				Expi	ate Exer iration E nth/Day/	ate		7. Title and Amount of Securities Underlying Derivative Security (Inst and 4)		str. 3	8. Price Deriva Securi (Instr.	ivative urity	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owners Form: Direct ( or Indir (I) (Inst	: t (D) lirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exe	e rcisable		xpiration late	Title	or Nun of	ount nber res						

## **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 May 24, 2018; 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 May 24, 2018 (the "Pricing Date"), the fifth trading day following the filing of the Issuer's Annual Report on Form 10-K.

/s/ LaVerne E. Srinivasan

05/29/2018

\*\* 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.