FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL									
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	Check this box if no longer subject
	to Section 16. Form 4 or Form 5
\cup	obligations may continue. See
	Instruction 1(b).

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. Name and Address of Reporting Person* Sheresky Michael (Last) (First) (Middle) C/O TAKE-TWO INTERACTIVE SOFTWARE,					2. Issuer Name and Ticker or Trading Symbol TAKE TWO INTERACTIVE SOFTWARE INC [TTWO] 3. Date of Earliest Transaction (Month/Day/Year) 06/05/2023									ck all app Direc	olicable) ctor er (give title	ng Person(s) to I 10% O Other (s below)		wner	
INC. 110 WEST 44TH STREET				4. If Amendment, Date of Original Filed (Month/Day/Year)									Line)	6. Individual or Joint/Group Filing (Check Applicat Line) X Form filed by One Reporting Person Form filed by More than One Reporting					
(Street) NEW YORK NY 10036				Rule 10b5-1(c) Transaction Indication															
(City) (State) (Zip) Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.										lan that is int	ended to								
		Table	I - No	n-Deriva	tive S	ecur	ities	Acq	uired, I	Disp	osed of	, or E	3ene	ficial	ly Owr	ned			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)				Exec if any	A. Deemed kecution Date, any lonth/Day/Year)				ties Acquired (A l Of (D) (Instr. 3				cially 1	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
								Code	v	Amount	(A) (D)	or P	rice	Reported Transaction(s) (Instr. 3 and 4)					
Common Stock 06/05/				06/05/2	2023				A		435(1)		A	\$0 6		63,370		D	
		Tab		Derivati (e.g., pu											Owne	ed			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year) (Month/Day/Year) (Month/Day/Year)		tion Date,	4. Transaction Code (Instr. 8) Solution Provided Acquired (A) or Disposed of (D) (Instr. 3, and 5)		rative rities iired r osed)	6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4		nt er		9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	

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 June 5, 2023; 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 June 5, 2023 (the "Pricing Date"), the fifth trading day following the filing of the Issuer's Annual Report on Form 10-K.

/s/ Aaron Diamond, attorney-

in-fact for Mr. Michael

06/07/2023

Sheresky

** 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.