FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|--------------------------|--|--|--|--|--|--|--|--|--|
| OMB Number: 3235-0287 | | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| houre per response: | | | | | | | | | |

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

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| 1. Name and Address of Reporting Person* Srinivasan LaVerne Evans | | | | 2. Issuer Name and Ticker or Trading Symbol TAKE TWO INTERACTIVE | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
| SIIIIVa | San La ve | erile Evalis | | | | | | | <u>C</u> [TT | | | | | X | Direc | tor | | 10% Ov | vner |
| (Last) | (Fi | rst) (M | Middle) | | 501 | 1 111 | | 1110 | | ., 0 | J | | | | Office below | er (give title v) | | Other (s below) | specify |
| C/O TAKE-TWO INTERACTIVE SOFTWARE, INC. | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/14/2023 | | | | | | | | | | | | | | |
| 110 WEST 44TH STREET | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | | | |
| (Street) NEW Y | ORK N | Y 1 | 0036 | | | | | | | | | | | Line) X | | filed by On filed by Mo | • | ŭ | |
| (City) | (St | ate) (Ž | Zip) | | | | | | | | | | | | | | | | |
| | | Table | I - Non | -Deriva | tive S | ecuri | ities A | Acqı | uired, | Dis | posed of | , or E | Benefi | cially | Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | Exe Day/Year) if ar | | A. Deemed secution Date, any lonth/Day/Year) | | Transaction Dispos | | | | | 3, 4 and Sec Ber Ow | | ially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | Code | v | Amount | Amount (A) or (D) | | се | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | |
| Common Stock 02/14/ | | | | /2023 | | | A | | 519(1) | A | | \$0 | | 0,551 | | D | | | |
| | | Tal | | | | | | | | | osed of, o | | | | Owne | d | | | |
| 1. Title of Derivative Security (Instr. 3) | rivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any | | on Date, | Transaction of De Code (Instr. 8) Se Ac (A Di of (Instr. 8) | | 5. Number of Derivati Securiti Acquire (A) or Dispose of (D) (Instr. 3 and 5) | ive ies ed | 6. Date I Expirati (Month/ | on Da | | | int of ities rlying ative ity (Instr | Der Sed (Ins | Price of ivative curity str. 5) | tive derivative ty Securities | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | (D) Beneficial Ownershi rect (Instr. 4) | |
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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 February 14, 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 February 14, 2023 (the "Pricing Date"), the fifth trading day following the filing of the Issuer's Quarterly Report on Form 10-Q.

(D)

Date

Exercisable

/s/ Aaron Diamond, attorney-02/16/2023 in-fact for Ms. LaVerne E.

Number

Srinivasan

Expiration Date

** 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.