FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL							
OMB Number: 3235-0104							
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

ROEDEL RICHARD			2. Date of Event Requiring Stater Month/Day/Yea 10/31/2002	ment	3. Issuer Name and Ticker or Trading Symbol TAKE TWO INTERACTIVE SOFTWARE INC [TTWO]						
INC.	(First) NTERACTIVE	(Middle) SOFTWARE,				tionship of Reporting Perso all applicable) Director Officer (give title below)	on(s) to Issue 10% Owne Other (spe below)	(Mor	If Amendment, Date of Original Filed onth/Day/Year) /19/2002		
(City)		10012 (Zip)				DIRECTOR/ CHAI	,		icable Line) Form filed by	/Group Filing (Check y One Reporting Person y More than One erson	
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)				. Amount of Securities deneficially Owned (Instr. 4) 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		t (D) (Instr	4. Nature of Indirect Beneficial Ownership (Instr. 5)				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
Expiration Dat		Date Exercisable and kpiration Date lonth/Day/Year)		3. Title and Amount of Securitie Underlying Derivative Security		4. Conversion or Exercise	5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)			
			Date Exercisable	Expiration Date	n Title		Amount or Number of Shares	Price of Derivative Security	Direct (D) or Indirect (I) (Instr. 5)		
16b-3 Employe	ee Stock Option		10/31/2002	10/31/2007		Common	35,000	25.78	D		

Explanation of Responses:

/s/ Richard Roedel

12/17/2004

** Signature of Reporting Person

Date

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

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.

 $^{^{\}star}$ If the form is filed by more than one reporting person, see Instruction 5 (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).