FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| ngton, D.C. 20549 | OMB APPRO |
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| mington, | D.C. | 20343 | | | |
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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).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|--|
| OMB Number: 3235-0287 | | | | | | | | |
| Estimated average burden | | | | | | | | |
| hours per response: | 0.5 | | | | | | | |

| 1. Name and Address of Reporting Person* FLUG ROBERT | | | | | | 2. Issuer Name and Ticker or Trading Symbol TAKE TWO INTERACTIVE SOFTWARE INC [TTWO] | | | | | | | | | | 5. Relationship (Check all applic | | able) | g Pers | on(s) to Iss | |
|---|--|--|--|-------------------------|---------------------------------|---|--|--|---|-------------------|----|--|-------|--|---|---|--|--|--|---------------------------------------|---------|
| (Last) | (F | irst) | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/23/2005 | | | | | | | | | | | Officer (give title below) | | | Other (: below) | specify |
| (Street) | | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | · |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | X | | rm filed by One Reporting Person rm filed by More than One Reporting rson | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Trans Date (Month/I | | | | | Execution Date, ay/Year) if any | | | 3. Transaction Code (Instr. 3, 4 a 8) | | | | nd 5) Securities Beneficially Owned Followin | | s illy ollowing | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | | | |
| | | | | | | | | Code | v | Amount (A) or (D) | | Price | | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | | | |
| COMMON | | | | 09/2 | 3/200 | /2005 | | | | S | | 6,324 | | D | \$22.2 | 24 41, | | ,076 | | D | |
| COMMON 08/01 | | | | | 1/200 | 2005 | | | | A | | 1,000(1) | | A | \$24.2 | \$24.29 | | 42,076 | | D | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | | |
| 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/Day | Date, Transa Code (I | | | | | 6. Date Exercisal Expiration Date (Month/Day/Year | | | 7. Title and An of Securities Underlying Derivative Sec (Instr. 3 and 4) | | s Security | | Price of crivative curity estr. 5) | 9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4) | e Over Section Ove | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | | | Dai Exc | | | piration ite | Title | | Amount or Number of Shares | | | | | | |
| 16b-3 Stock | \$7.33 | 09/23/2005 | | | M | | | 6,324 | 11 | /16/2000 | 11 | /15/2005 | COM | 1MON | 6,324 | | \$22.24 | 6,324 | ı | D | |

Explanation of Responses:

1. Restricted shares to vest in thirds over a three-year period commencing on the first anniversary of grant date.

/S/ ROBERT FLUG

09/27/2005

** 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.