FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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| | | |

| Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP |
|---|--|
| Instruction 1(b). | Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 |

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

| Name and Address of Reporting Person* Goldstein Lainie | | | | | TA | 2. Issuer Name and Ticker or Trading Symbol TAKE TWO INTERACTIVE SOFTWARE INC [TTWO] | | | | | | | | Check | all app | olicable) | | ssuer Owner (specify | | |
|--|--|--|-------------------------|---------------|--|---|---|------|--|-----------|---|--|--|--|---|---|--|----------------------------|--|--|
| INC. | E-TWO IN | | (Middle) TIVE SOFTWARE, | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/02/2014 | | | | | | | | X Officer (give title Other (specify below) Chief Financial Officer | | | | | |
| 622 BROADWAY (Street) NEW YORK NY 10012 | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | | | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | | | | | |
| | | Tabl | e I - N | lon-Deriv | ative | Seci | uritie | s Ac | quire | d, Di | sposed o | f, or B | enefici | ally (| Owne | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/ | | | | Execution Dat | | ution Date, Transa Code (| | | | | | nd 5) Secu Bene Own | | icially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | | | | | | Code | v | Amount | (A) or (D) | Price | | Reported Transaction(s) (Instr. 3 and 4) | | | (1130.14) | | | |
| Common Stock 06/02/20 | | | | 014 |)14 | | | S | | 21,905(1) | D \$19 | | 31 ⁽²⁾ | 579,391 | | D | | | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | |
| Derivative Conversion Date | | 3. Transaction Date (Month/Day/Year) | e Execution D | | 4. Transaction Code (Instr. 8) | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | | rative rity 5 | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | Code | v | (A) | (D) | Date Exerci | isable | Expiration Date | Title | Amount or Number of Shares | | | | | | | |

Explanation of Responses:

- 1. The transaction reported on this Form 4 was effected pursuant to a Rule 10b5-1 trading plan entered into by the Reporting Person and was effected to satisfy the Reporting Person's tax withholding obligations upon the vesting of previously granted shares of restricted stock.
- 2. Represents a weighted average sales price; the sales prices ranged from \$19.35 to \$20.22. Upon request, the full sale information regarding the number of shares sold at each price increment will be provided to the Commission, the issuer or a security holder of the issuer.

/s/ Lainie Goldstein

06/04/2014

** 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.