Edgar Filing: TAKE TWO INTERACTIVE SOFTWARE INC - Form 4

TAKE TWO INTERACTIVE SOFTWARE INC

Form 4

November 26, 2013

FORM	ORM 4 UNITED STATES SECURITIES AND EVOLUNCE COMMISSION							OMB APPROVAL				
· Ortiv	United States securities and exchange commission								OMB Number: 3235-0			
Washington, D.C. 20549 Check this box									Number:	January 31,		
if no lon	if no longer							SHID OF	Expires:	2005		
Section	subject to Section 16. Form 4 or STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES								Estimated average burden hours per response 0.5			
Form 5 obligation may con <i>See</i> Instruction 1(b).	Filed pur Section 17((a) of the	Public U	Itility Hol	ne Securities ding Compa c Company A	ny Ac	t of 193	et of 1934,	response	0.0		
(Print or Type	Responses)											
1. Name and Address of Reporting Person * ICAHN CARL C			2. Issuer Name and Ticker or Trading Symbol TAKE TWO INTERACTIVE					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
			C [TTWO]									
(Last) (First) (Middle) C/O ICAHN ASSOCIATES HOLDING LLC, 767 FIFTH AVE., SUITE 4700			3. Date of Earliest Transaction (Month/Day/Year) 11/26/2013					Director 10% Owner Officer (give titleX Other (specify below) no longer subject to Sect. 16				
	(Street)		4. If Am	endment, D	ate Original		6. Ir	ndividual or Join	nt/Group Filing	(Check		
Filed(N NEW YORK, NY 10153				led(Month/Day/Year)				Applicable Line) Form filed by One Reporting Person _X_ Form filed by More than One Reporting				
NEW YOR	K, NY 10133						Pers		•	C		
(City)	(State)	(Zip)	Tab	le I - Non-l	Derivative Secu	urities	Acquired	l, Disposed of, o	or Beneficially	Owned		
1.Title of Security (Month/Day/Year) Execution any (Month/I			n Date, if TransactiorDisposed of Code (Instr. 3, 4 day/Year) (Instr. 8)			and 5) Beneficia Owned Followin Reported Transact or (Instr. 3)			` ′	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code V	Amount	(D)	Price			no longer		
Take-Two Common Stock	11/26/2013			S	12,020,744	D	\$ 16.93	0	I	subject to Section 16		
Reminder: Rep	port on a separate line	e for each c	lass of sec	urities bene	Persons vinformation	who re on cor to resp	espond to ntained in oond un	ctly. o the collection this form ar less the form id OMB contr	e not	C 1474 (9-02)		

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$\label{thm:convertible} \begin{tabular}{ll} Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned \\ (e.g., puts, calls, warrants, options, convertible securities) \end{tabular}$

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,		ate	7. Title Amour Underl Securit (Instr.	nt of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr
				Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
and the state of t	Director	10% Owner	Officer	Other			
ICAHN CARL C C/O ICAHN ASSOCIATES HOLDING LLC 767 FIFTH AVE., SUITE 4700 NEW YORK, NY 10153				no longer subject to Sect. 16			
HIGH RIVER LIMITED PARTNERSHIP 445 HAMILTON AVENUE SUITE 1210 WHITE PLAINS, NY 10601		X					
ICAHN PARTNERS MASTER FUND LP 445 HAMILTON AVENUE SUITE 1210 WHITE PLAINS, NY 10601		X					
ICAHN PARTNERS MASTER FUND II L.P. 445 HAMILTON AVENUE SUITE 1210 WHITE PLAINS, NY 10601		X					
ICAHN PARTNERS MASTER FUND III L.P. 445 HAMILTON AVENUE SUITE 1210 WHITE PLAINS, NY 10601		X					
ICAHN PARTNERS LP 445 HAMILTON AVENUE SUITE 1210 WHITE PLAINS, NY 10601		X					

Reporting Owners 2

Signatures

CARL C. 11/26/2013

**Signature of Date
Reporting Person

Explanation of Responses:

- * 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. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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