GameStop Corp. Form 4 February 10, 2015

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

SECURITIES

Check this box if no longer white the STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

Symbol

subject to Section 16. Form 4 or Form 5 obligations

Form 5 obligations may continue. See Instruction

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

2. Issuer Name and Ticker or Trading

1(b).

Bartel Tony

(Print or Type Responses)

1. Name and Address of Reporting Person *

			GameStop Corp. [GME]					(Check all applicable)				
(Last)	3. Date o	f Earlies	st Tr	ansaction			(Check an applicable)					
C/O GAMESTOP CORP., 625 WESTPORT PARKWAY			(Month/Day/Year) 02/07/2015						Director 10% Owner _X_ Officer (give title Other (specify below) President & Chief Op. Officer			
	4. If Ame	endment	, Da	te Original			6. Individual or Joint/Group Filing(Check					
GRAPEVII	Filed(Mo	Filed(Month/Day/Year)					Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting					
OKAI EVII							Person					
(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owner.										ly Owned		
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Year	Execution any	n Date, if Transaction(Code (Day/Year) (Instr. 8)			4. Securities Acquired n(A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or Or Amount (D) Price			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Class A Common Stock, par value \$0.001 per share	12/02/2014			G	V	11,000	D	\$0	419,121	D		
Class A Common Stock, par value \$0.001 per share	02/07/2015			F		6,536 (1)	D	\$ 36.76	412,585	D		

OMB APPROVAL

3235-0287

January 31,

2005

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Number:

Expires:

response...

5. Relationship of Reporting Person(s) to

Issuer

Estimated average

burden hours per

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

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 control number.

SEC 1474 (9-02)

9. Nu Deriv Secur Bene Own Follo Repo Trans

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

	1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerci	isable and	7. Titl	e and	8. Price of	9
	Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	orNumber	Expiration Date		Amou	nt of	Derivative	J
	Security	or Exercise		any	Code	of	(Month/Day/Y	(ear)	Under	lying	Security	,
	(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative			Securities	(Instr. 5)]	
		Derivative				Securities			(Instr.	3 and 4)		(
		Security				Acquired						J
						(A) or						J
						Disposed						-
						of (D)						(
						(Instr. 3,						
						4, and 5)						
										Amount		
							Date	Expiration Date	Title	or Number		
							Exercisable					
				Code V	(A) (D)				of Charac			
					Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Bartel Tony C/O GAMESTOP CORP. 625 WESTPORT PARKWAY GRAPEVINE, TX 76051

President & Chief Op. Officer

Signatures

/s/ Tony Bartel 02/10/2015

**Signature of Person Date

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).
- (1) Shares withheld by the Issuer on vesting of restricted stock to cover applicable withholding taxes, with the number of shares withheld based on the 2/6/15 closing price.

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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