Edgar Filing: GameStop Corp. - Form 4

| Form 4 | orp. | | | | | | | | | | |
|--|---|---|--|--------------|---------------------|--|---|--|---|--|--|
| February 11, | | | | | | | | | | | |
| FORM | 4 UNITED S | | SECURITIES AND EXCHANGE COMMISSION | | | | | ОМВ | 2235-0287 | | |
| Check thi | is box | Washington, D.C. 20549 | | | | | | Number: | January 31, | | |
| if no long subject to Section 1 Form 4 or | 6. r | | F CHANGES IN BENEFICIAL OW SECURITIES | | | | | Expires: Estimated a burden hou response | 2005 average ırs per | | |
| Form 5 obligatior may conti <i>See</i> Instru 1(b). | inue. Section 17(a | uant to Section 16) of the Public Ut 30(h) of the Inv | ility Hold | ing Com | ipany | Act o | f 1935 or Sectio | 'n | | | |
| (Print or Type R | Responses) | | | | | | | | | | |
| 1. Name and A Koonin Stev | Symbol | 2. Issuer Name and Ticker or Trading Symbol GameStop Corp. [GME] | | | | 5. Relationship of Reporting Person(s) to Issuer | | | | | |
| (Last) | (First) (M | | 3. Date of Earliest Transaction | | | | (Chec | (Check all applicable) | | | |
| C/O GAME WESTPORT | (Month/D | (Month/Day/Year) 02/07/2008 | | | | _X_ Director10% Owner Officer (give titleOther (specify below)below) | | | | | |
| | (Street) 4. If Amer Filed(Mon | | | - | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting | | | | |
| GRAPEVIN | IE, TX 76051 | | | | | | Person | | -F8 | | |
| (City) | (State) (2 | Zip) Table | e I - Non-D | erivative S | Securit | ties Ac | quired, Disposed o | f, or Beneficia | lly Owned | | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | on Date, if Transacti Code | | l of (D) 4 and 3 |) | | 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 | Transaction(s) (Instr. 3 and 4) | | | | |
| Class A Common Stock, par value \$0.001 per share | 02/07/2008 | | А | 7,200 (1) | A | \$0 | 14,400 | D | | | |

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.

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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) | 4. Transactio Code (Instr. 8) | 5. of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | Secur | unt of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr |
|---|---|---|--|---|---------------------|--------------------|-------|--|---|--|
| | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

Reporting Owner Name / Address

Relationships

| | Director | 10% Owner | Officer | Other |
|----------------------|----------|-----------|---------|-------|
| Koonin Steven R | | | | |
| C/O GAMESTOP CORP. | х | | | |
| 625 WESTPORT PARKWAY | Λ | | | |

Signatures

GRAPEVINE, TX 76051

/s/ Steven R. 02/11/2008 Koonin

**Signature of Reporting 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) Grant of restricted shares vesting in equal installments on February 7 of each of the years 2009 through 2011.

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.