FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* DEMATTEO DANIEL A | | | | | | | 2. Issuer Name and Ticker or Trading Symbol GameStop Corp. [GME] | | | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | | |
|--|--|-------|-------|---------|----------------|---|--|---|-----------------------------------|---------------------------------|--|--|----|---|---------|---|---|--|-----------------------|--|--|--|--|
| (Last) | ` | First | , | Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 02/26/2016 | | | | | | | | | | X Officer (give title below) | | | Other (specify below) | | (specify | | |
| 625 WESTPORT PARKWAY | | | | | | | If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) GRAPEVINE TX 76051 | | | | | | | | | | | | | | | | Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | | |
| (City) | (| State | e) (Z | Zip) | | | | | | | | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/ | | | | | | Execution Date, | | | ate, | 3. Transac Code (Ir 8) | | 4. Securities Acquired (ADisposed Of (D) (Instr. 35) | | | | and | 5. Ame Securi Benefi Owned | icially d | For (D) Indi | Ownership m: Direct or irect (I) str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | | Code | v | Amount | () | A) or D) | Price | Rep Ee Tra | | orted saction(s) r. 3 and 4) | | su . 4) | (111501. 4) | | |
| Class A Common Stock, par value \$0.001 per share 02/26/20 | | | | | | | 016 | | | A | | 19,650(1) | | Α | \$30.54 | | 249,908 | | | D | | | |
| Class A Common Stock, par value \$0.001 per share 02/26/20 | | | | | | 016 | | | A | | 19,650 | (2) | A | \$30.54 | | 269,558 | | | 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) | rivative Conversion Date Execution Date curity or Exercise (Month/Day/Year) if any | | | | | 4. Transaction Code (Instr. 8) | | 5. Nu of Deriv Secur Acqu (A) or Dispo of (D) (Instr and 5 | rities ired rosed . 3, 4 | Expirati | Date Exercisable and piration Date on the piration Date on the piration pay (Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) | | of Deriv Secu | Price f erivative ecurity nstr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transactions (Instr. 4) | , | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | Code | code V (A) (D) | | Date Ex Exercisable Da | | Expiration Date | Numb of Title Share | | | | | | | | | | | | | |

Explanation of Responses:

- 1. Grant of restricted shares vesting in equal annual installments on February 26 of each of the years 2017 through 2019.
- 2. Grant of restricted shares vesting on February 26, 2019, subject to achievement of certain performance targets.

Remarks:

/s/ Daniel A. DeMatteo 03/01/2016

** 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.