UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| IISSION | OMB APPRO | 3 APPROVAL | | | | |
|--|--------------------------|----------------------|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | |
| SHIP | Expires: | December 31, 2014 | | | | |
| f 1934, Section | Estimated average burden | | | | | |
| on 30(h) of the | hours per response | 0.5 | | | | |
| 5 Relationship of Reporting Person(s) to | | | | | | |

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

| 1. Name and Address of Reporting Person [*] FONTAINE R RICHARD | | | 2. Issuer Name and Ticker or Trading Symbol GameStop Corp. [GME] | 5. Relationship of Reporting Person(s) to Issuer | | | | |
|--|---------------|----------------|--|--|--|--|--|--|
| (Last) (First) (Middle) C/O GAMESTOP CORP., 625 WESTPORT PARKWAY | | (| 3. Date of Earliest Transaction (Month/Day/Year) 06/24/2014 | XDirector10% OwnerOfficer (give title below)Other (specify below) | | | | |
| (Street) GRAPEVINE (City) | TX (State) | 76051 (Zip) | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |

| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | |
|--|--|---|---|---|--|------------------|-------|--|---|---|--|
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | | 5. Amount of Securities Beneficially Owned Following | 6. Ownership Form: Direct (D) or Indirect | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | Code | v | Amount | (A) or (D) | Price | Reported Transaction(s) (Instr. 3 and 4) | (I) (Instr. 4) | | |
| Class A Common Stock, par value \$0.001 per share | 06/24/2014 | | A | | 3,480 ⁽¹⁾ | А | \$ 0 | 270,378 | 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) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transac Code (Instr. 8 | | 5. | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and | | 8. Price of Derivative Security (Instr. 5) | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

1. Grant of restricted shares vesting on the earlier of June 24, 2015 or the date of the next Annual Meeting of Stockholders of the Issuer.

| /s/ R. Richard Fontaine | <u>06/26/2014</u> |
|-------------------------------------|-------------------|
| ** 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.