| SEC Form 4 |
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FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

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

| | ons may contin tion 1(b). | nue. See | | File | | | | | a) of the Se Investmen | | | | f 193 | 4 | | hours | per re | sponse: | 0.5 | |
|---|---|--|---|---------|------------|--|---|-----------------------------------|---------------------------------------|------------------------|--|----------------|----------------|---|---|----------------------------|--|--|-----|--|
| 1. Name and Address of Reporting Person [*] Klohn Steve | | | | | | or Section 30(h) of the Investment Company Act of 1940 2. Issuer Name and Ticker or Trading Symbol Dave & Buster's Entertainment, Inc. [PLAY] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner V Officer (give title Other (specify | | | | | |
| (Last) (First) (Middle) 1221 S. BELT LINE RD., SUITE 500 | | | | | | Date o /24/2 | | t Trar | nsaction (M | onth/ | Day/Year) | | below) | | | below) | | | | |
| (Street) COPPELL TX 75019 | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) (State) (Zip) | | | | | | | Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | | | | | |
| Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transau Date (Month/Date) | | | | saction | ar) i | 2A. Deemed Execution Date, if any (Month/Day/Yea | | a, 3. Transactio Code (Inst | | 4. Securities Acquired | | uired | (A) or | 5. Amou Securitie Benefici | nt of es ally Following | Form (D) o | n: Direct of r Indirect of Instr. 4) (| 7. Nature of Indirect Beneficial Ownership Instr. 4) | | |
| Common Stock (| | | | 04/2 | 4/2024 | | | | Code | v | Amount | (D) | or | Price | Transac (Instr. 3 | str. 3 and 4) | | D | | |
| | | т | able II - | Deriva | ative | Secu | | | uired, D s, optior | | osed of | , or Be | nefi | icially | | , | <u> </u> | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Da | Date, | Code (Inst | | | | 6. Date Ex Expiration (Month/Da | | 7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4) | | | 8. Price of Derivative Security (Instr. 5) | | re es ally g d | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercisab | | Expiration Date | Title | OI N Of | umber | | | | | | |
| Stock Option (Right to Buy) | \$53.33 | 04/24/2024 | | | A | | 1,873 | | (1) | C | 94/24/2034 | Commo Stock | ⁿ 1 | 1,873 | \$53.33 | 1,873 | , | D | | |

Explanation of Responses:

1. The option vests in equal installments on April 24, 2025, April 24, 2026 and April 24, 2027.

Sherri M. Smith, Attorney-in-04/26/2024 Fact

** 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.