FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

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

	tion 1(b).	iuc. See		Filed							ies Exchan mpany Act		f 1934			nours	per res	sponse:	0.5
1. Name and Address of Reporting Person* Edmund Robert William			2. Issuer Name and Ticker or Trading Symbol Dave & Buster's Entertainment, Inc. PLAY]									Check a	ationship of Reportir (all applicable) Director Officer (give title		10% Ov		wner		
(Last) 2481 MA	`	(First) (Middle) ANA DRIVE					3. Date of Earliest Transaction (Month/Day/Year) 10/11/2021							X Officer (give title Offier (spe below) below) SVP, General Counsel					
(Street) DALLA: (City)			5220 Zip)		4. If A	Amendi	ment,	Date o	f Origina	al File	d (Month/D	ay/Year)		Line) X	Form f	filed by On	e Rep	g (Check A orting Pers n One Rep	on
		Table	I - Non	-Deriva	tive S	Secur	rities	Acq	uired,	Dis	posed o	f, or E	enefic	ially C	wne	ed			
Date		2. Transac Date (Month/Da	Execution D		xecution Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)		ired (A) onstr. 3, 4	and S B O	5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
										v	Amount	(A) (D)	Pric	, т	Transaction(s) (Instr. 3 and 4)				(11150.4)
Common	Stock			10/11/2	2021				F		322	D	\$38	\$38.14 61,301 D			D		
		Tal						•		•	osed of, onvertil			-	vned	l			
1. Title of Derivative Security (Instr. 3) 2. Conversion Opate (Month/Day/Year) 3. Transaction Date Execution Date, if any (Month/Day/Year)			Transaction of Code (Instr. Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)			Amount of Securities S		Deriva Secur (Instr.	8. Price of Derivative Security (Instr. 5) Graph of Derivative Security Securiti Benefic Owned Followin Reporte Transac (Instr. 4)		y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				

Date Exercisable

Explanation of Responses:

Remarks:

Sherri M. Smith, Attorney-in-

Shares

Fact

Title

Expiration Date

10/12/2021

** 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.

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