FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 | |
|-------------|------|-------|--|
|-------------|------|-------|--|

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | OMB APPROVAL | | | | | | | | | | | |
|--|--------------------------|-----------|--|--|--|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | | | | |
| | Estimated average burden | | | | | | | | | | | |
| | | | | | | | | | | | | |

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

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* Klohn Steve | | | | 2. Issuer Name and Ticker or Trading Symbol Dave & Buster's Entertainment, Inc. [PLAY] | | | | | | | | k all app Direc | ionship of Reporti all applicable) Director Officer (give title | | 10% Ov | | | | |
|---|--|-----------------------------------|---------|--|---|-------------|--------------------|--|------|-----------------|---|---|---|---|---|---------------------------------|---|--|------------|
| (Last) 1221 S. I | Fir BELT LINE | st) (N RD., SUITE 50 | Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 10/10/2023 | | | | | | Λ | below SVP | w) Chief Inform | | below) | er | | | |
| (Street) |) | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | Line) | Individual or Joint/Group Filing (Check Applicable le) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (City) | (Sta | ate) (Z | 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. | | | | | | | | | nded to | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | Execution | | cution y | Date, | Pate, Transaction Code (Instr. | | | | | Securit Benefic Owned | Securities Beneficially Dwned Following | | : Direct Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | (A) (D) | or Pr | ice | | ced action(s) 3 and 4) | | | (Instr. 4) |
| Common Stock 10/10/ | | | | /2023 | | | F | | 730 | 1 | \$ | 0.00 | 31,217 | | | D | | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | |
| Security (Instr. 3) or Exercise Price of Derivative Security (Month/Day/Year) if any (Month/Day/Year) Code (Instr. 3) Code (Instr. 4) Code (Instr. 5) Code (Instr. 5) Code (Instr. 5) Code (Instr. 6) Code (Instr. 6) | | Transaction of Code (Instr. Deriv | | rities iired r osed) r. 3, 4 | 6. Date Exercis Expiration Date (Month/Day/Yea | | te | 7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4) | | De Se (In | Price of rivative curity str. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transactio (Instr. 4) | Owners Form: Direct (I or Indire (I) (Instr | Ownership | Beneficial Ownership t (Instr. 4) | | | | |
| | | v | (A) | (D) | | | Expiration Date | Amount or Number of Shares | | er | | | | | | | | | |

Explanation of Responses:

Remarks:

Sherri M. Smith, Attorney-in-

** Signature of Reporting Person

10/11/2023

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.