Instruction 1(b).

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | OMB APPROVAL | | | | | | | | | |
|--|---|------|--|--|--|--|--|--|--|--|
| | OMB Number: 3235-0287 Estimated average burden | | | | | | | | | |
| | | | | | | | | | | |
| | hours per response | . 05 | | | | | | | | |

| | | | | | 01 360 | JUOIT S | o(n) of the in | ivestillei | it Con | ipariy Act o | 1 1940 | | | | | | | |
|--|--|--|--------------------|---|--|--|--|-------------------------------------|---|-----------------------------------|---|--|--|-------------------------------|---|--|--|------|
| 1. Name and Address of Reporting Person* BACHUS KEVIN | | | | | 2. Issuer Name and Ticker or Trading Symbol Dave & Buster's Entertainment, Inc. PLAY | | | | | | | | 5. Relationship of Reporti (Check all applicable) Director | | | 10% Owner | | vner |
| (Last) (First) (Middle) 2481 MANANA DRIVE | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/06/2021 | | | | | | | 1 | X | below | <i>ı</i>) `` | Other (specify below) Games Strategy | | | |
| (Street) DALLAS TX 75220 | | | | | | 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 | | | | | |
| (City) | (St | | Zip) | | Person | | | | | | | | | | | | | |
| | | Table | I - No | n-Deriva | tive S | ecui | rities Acq | uired, | Disp | osed of | , or Be | nefic | ially | Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | /Day/Year) Execu | | Deemed cution Date, y nth/Day/Year) | Transaction Disposed (Code (Instr. 5) | | es Acquired (A Of (D) (Instr. 3, | | 4 and Securit Benefic Owned | | ies cially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Direct Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | Code | v | Amount | (A) or (D) | Pric | _ | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | | |
| Common Stock 05/06/2 | | | | 2021 | | A | | 8,614 | A | \$0 | .00 | 0 38,162 | | D | | | | |
| Common Stock 05/06/2 | | | | 2021 | | F | | 3,445 | D | \$0 | .00 | 34 | 4,717 | | 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) | if any | emed on Date, Day/Year) | Transaction of E | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | | .0. Ownership Form: Direct (D) or Indirect I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |

Date

Exercisable

(D)

(A)

Explanation of Responses:

Remarks:

Sherri M. Smith, Attorney-in-

Amount

of Shares

Title

Fact

Expiration

** Signature of Reporting Person Date

05/10/2021

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).

Code

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.