FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| <b>STATEMENT</b> | OF CHANGES | IN BENEFICIAL | . OWNERSHIP |
|------------------|------------|---------------|-------------|

| OMB APPRO              | DVAL      |
|------------------------|-----------|
| OMB Number:            | 3235-0287 |
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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

| 1. Name and Address of Reporting Person*  WEINER RUSSELL J                      |  |  |       |           | 2. Issuer Name <b>and</b> Ticker or Trading Symbol DOMINOS PIZZA INC [ DPZ ] |                            |   |                          |       |                             |        |                    |                           | Check  | all app                                      |   | 1   | 0% C  | wner   |                                       |                           |
|---|--|--|-------|-----------|--|----------------------------|---|--------------------------|-------|-----------------------------|--------|--------------------|---------------------------|--|--|---|---|---|--|---------------------------------------|---------------------------|
| (Last) DOMING   | O'S PIZZ   |  | `     | Middle)   |  |                            | 3. Date of Earliest Transaction (Month/Day/Year) 10/17/2017 |                          |       |                             |        |                    |                           |  |  | X   | Officer (give title below)  President, Don      |   | b  | Other (spe<br>below)<br>nino's U.S.A. |                           |
| 30 FRANK LLOYD WRIGHT DRIVE  (Street)  ANN ARBOR MI 48105  (City) (State) (Zip) |  |  |       | 4. If     | 4. If Amendment, Date of Original Filed (Month/Day/Year)                     |                            |   |                          |       |                             |        |                    |                           | Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person |  |   |   |   |  |                                       |                           |
|   |  |  | Table | e I - Nor | -Deriv   | ative                      | Se  | curiti                   | es Ac | quired                      | , Dis  | posed o            | f, o                      | r Ben  | efici  | ally  | Owne  | ed  |  |                                       |                           |
| 1. Title of Security (Instr. 3)  2. Transac Date (Month/Da                      |  |  |       |           | Execution Date,  |                            | Code  | Transaction Code (Instr. |       |                             |        |                    | 4 and Secu<br>Bene<br>Own |  | cially<br>I Following                        | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4)   |   | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |                                       |                           |
|   |  |  |       |           |  |                            |   |                          | Code  | v                           | Amount | mount (A) or (D)   |                           | Price  | •  | Reported<br>Transaction(s)<br>(Instr. 3 and 4)  |   |   |  | (111501.4)                            |                           |
| Common Stock, \$0.01 par value 10/17/   |  |  |       |           | 7/2017   | 2017                       |   | S                        |       | 7,276 D                     |        | D                  | \$1                       | 95   | 17,562.517                                   |   | D   |   |  |                                       |                           |
| Common Stock, \$0.01 par value  |  |  |       |           |  |                            |   |                          |       |                             |        |                    |                           |  |  |   | 743.292   |   | I  |                                       | 401(k)<br>Savings<br>Plan |
|   | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |  |       |           |  |                            |   |                          |       |                             |        |                    |                           |  |  |   |   |   |  |                                       |                           |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)                             | vative Conversion Date Execution Date, irity or Exercise (Month/Day/Year) if any   |  |       |           |  | ransaction<br>Code (Instr. |   | of                       |       | Exercis<br>on Dat<br>Day/Ye |        |                    | str. 3                    | Deri<br>Secu   | Price of<br>erivative<br>ecurity<br>estr. 5) | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction<br>(Instr. 4) | Owner<br>Form:<br>Direct<br>or Indi<br>(I) (Ins | (D)<br>rect   | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |                                       |                           |
|   |  |  |       |           |  | Code                       | v   | (A)                      | (D)   | Date<br>Exercis             |        | Expiration<br>Date | Title                     | or<br>Nur<br>of  | ount<br>nber<br>ıres                         |   |   |   |  |                                       |                           |

Explanation of Responses:

Remarks:

/s/ Adam J. Gacek, attorney-infact 10/19/2017

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).