1. Name and Address of Reporting Person:
JACKSON SAM

2. Issuer Name and Ticker or Trading Symbol:
DOMINOS PIZZA INC [ DPZ ]

3. Date of Earliest Transaction (Month/Day/Year):
11/06/2023

4. Individual or Joint/Group Filing (Check Applicable Line):
X Form filed by One Reporting Person

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-Derivative Securities Acquired, Disposed of, or Beneficially Owned

<table>
<thead>
<tr>
<th>Title of Security (Instr. 3)</th>
<th>Transaction Date (Month/Day/Year)</th>
<th>Deemed Execution Date (Month/Day/Year)</th>
<th>Transaction Code (Instr. 8)</th>
<th>Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)</th>
<th>Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)</th>
<th>Ownership Form: Direct (D) or Indirect (I) (Instr. 4)</th>
<th>Nature of Indirect Beneficial Ownership (Instr. 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common Stock, $0.01 par value</td>
<td>11/06/2023</td>
<td></td>
<td>A</td>
<td>94 A $0.00</td>
<td>2,594 D</td>
<td>D</td>
<td></td>
</tr>
</tbody>
</table>

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

Explanation of Responses:
1. Represents a restricted stock unit award with service-based vesting criteria that shall vest one-third each year on the anniversary date of the grant date. Thus, one-third shall vest on each of November 6, 2024, November 6, 2025 and November 6, 2026. Shares are issued and delivered following each vesting tranche of the award.

Remarks:

/s/ Kevin S. Morris, attorney-in-fact 11/08/2023

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).


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.