FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| eck this box if no longer subject to |
|--------------------------------------|
| ction 16. Form 4 or Form 5 |
| |

1. Name and Address of Reporting Person*

LLC

SANKATY HIGH YIELD ASSET INVESTORS

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden response: 0.5

7. Nature of Indirect Beneficial Ownership (Instr. 4)

footnote.(1)

11. Nature of Indirect Beneficial Ownership (Instr. 4)

| | ions may contination 1(b). | nue. <i>See</i> | | Fil | | | | | | | rities Exchan | | 1934 | | | hou | rs per | response: | 0 |
|---|---|---|---|-------------------|--|---------------|--|-----|---|--------|--------------------------------|---|--|-----------------------------------|--|--|------------------------------------|--|---|
| 1. Name and Address of Reporting Person* LAVINE JONATHAN S | | | | | DOMINOS PIZZA INC [DPZ] 3. Date of Earliest Transaction (Month/Day/Year) 06/09/2005 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | elationshi ck all app Dired | plicable) | X 10% | | Issuer Owner | |
| (Last) (First) (Middle) C/O SANKATY INVESTORS, LLC | | | | | | | | | | | | | | | Offic belo | | | er (give titl w) | r (specify v) |
| 111 HUNTINGTON AVENUE | | | | 4. It | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) BOSTON MA 02199 | | | | _ | | | | | | | | | Form filed by One Reporting Person X Form filed by More than One Reporting Person | | | | | | |
| (City) | (S | tate) (| (Zip) | | | | | | | | | | | | | | | | |
| 1 Title of 9 | Socurity (Inc | | le I - N | on-Deri | | _ | uritie Deeme | | quire | d, Di | sposed o | | | ially | Owner 5. Amor | | 6.0 | wnership | 7. Nature o |
| 1. Title of Security (Instr. 3) | | | | Date (Month/Da | | Exec if an | ecution Date, | | | | Disposed Of (D) (Instr. 3, 4 a | | tr. 3, 4 ar | nd 5) | Securiti Benefic | ecurities eneficially vned Following | | n: Direct or Indirect nstr. 4) | Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | | | Code | V | Amount | (A) o | Price | • | Transac (Instr. 3 | | | | |
| Common | Stock, \$.01 | par value | | 06/09/ | 2005 | | | | S | | 64,764(2) | D | \$21 | .63 | 87 | 1,007 | | I | See footnote |
| | | Та | able II | | | | | | | | osed of, convertib | | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable an Expiration Date (Month/Day/Year) | | ate | 7. Title and Amount of Securities Underlying Derivative Security (Instr. : and 4) | | De Se (In | Price of erivative ecurity estr. 5) | 9. Numbe derivative Securities Beneficial Owned Following Reported Transactie (Instr. 4) | Ow For Dire or I (I) (| 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Benefici Ownersh (Instr. 4) |
| | | | | | Code | Code V | | (D) | Date Exerc | isable | Expiration Date | Title | Amount or Number of Shares | | | | | | |
| | nd Address of | Reporting Person [*] ΓΗΑΝ S | , | | , | | | | | | • | | | | | , | | | , |
| | NKATY IN | (First) VESTORS, LLC I AVENUE | - | iddle) | | | | | | | | | | | | | | | |
| (Street) | N | MA | 02 | 199 | | | | | | | | | | | | | | | |
| (City) | | (State) | (Zi | p) | | | | | | | | | | | | | | | |
| | | Reporting Person [*] <u>H YIELD AS</u> | SSET_ | <u>PARTN</u> | ERS | | | | | | | | | | | | | | |
| | IN CAPITA | (First) L INVESTORS, I AVENUE | - | iddle) | | | | | | | | | | | | | | | |
| (Street) | N | MA | 02 | 199 | | | | | | | | | | | | | | | |
| (City) | | (State) | (Zi | p) | | | | | | | | | | | | | | | |

| (Last) | (First) | (Middle) | | | | | | | | | |
|---|-----------------------|----------|-------|--|--|--|--|--|--|--|--|
| C/O BAIN CAPITAL INVESTORS, LLC | | | | | | | | | | | |
| 111 HUNTING | 111 HUNTINGTON AVENUE | | | | | | | | | | |
| | | | | | | | | | | | |
| (Street) | | | | | | | | | | | |
| BOSTON | MA | 02199 | | | | | | | | | |
| (City) | (State) | (Zip) | _ | | | | | | | | |
| 1. Name and Address of Reporting Person* <u>SANKATY INVESTORS LLC</u> | | | | | | | | | | | |
| (Last) | (First) | (Middle) | | | | | | | | | |
| C/O BAIN CAPITAL INVESTORS, LLC | | | | | | | | | | | |
| 111 HUNTINGTON AVENUE | | | | | | | | | | | |
| (Street) | | | _ | | | | | | | | |
| BOSTON | MA | 02199 | | | | | | | | | |
| | | | _ | | | | | | | | |
| (City) | (State) | (Zip) | (Zip) | | | | | | | | |

Explanation of Responses:

1. Mr. Jonathan S. Lavine, as the sole managing member of Sankaty Investors, LLC ("Sankaty Investors"), Sankaty Investors, as the sole managing member of Sankaty High Yield Asset Investors, LLC ("Sankaty Asset Investors") and Sankaty Asset Investors, as the sole general partner of Sankaty High Yield Asset Partners, L.P. ("Sankaty Partners"), may each be deemed to share voting and dispositive power with respect to the shares held by Sankaty Partners. Mr. Lavine, Sankaty Investors and Sankaty Asset Investors disclaim beneficial ownership of such securities except to the extent of their pecuniary interest therein

 $2.\ Shares\ sold\ pursuant\ to\ a\ stock\ trading\ plan\ dated\ June\ 3,\ 2005.$

Sankaty Investors, LLC, for itself, on behalf of itself as sole managing member of Sankaty. High Yield Asset Investors, LLC and on behalf of Sankaty High Yield Asset Investors, LLC in its capacity as sole general partner of Sankaty High Yield Asset Partners, L.P. by: /s/ Jonathan S. Lavine

** 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.