

OMB APPROVAL	
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**STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP**

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* <b>MORRIS KEVIN SCOTT</b>  (Last) (First) (Middle) <b>30 FRANK LLOYD WRIGHT DRIVE</b>  (Street) <b>ANN ARBOR MI 48105</b>  (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <b>DOMINOS PIZZA INC [ DPZ ]</b>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner <input checked="" type="checkbox"/> Officer (give title below) Other (specify below) <b>EVP, Gen'l Counsel, Secretary</b>
	3. Date of Earliest Transaction (Month/Day/Year) <b>03/11/2024</b>	
4. If Amendment, Date of Original Filed (Month/Day/Year)		
Rule 10b5-1(c) Transaction Indication  <input type="checkbox"/> 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**

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			
Common Stock, \$0.01 par value	03/11/2024		A <sup>(1)</sup>		498	A	\$0	5,662	D	
Common Stock, \$0.01 par value	03/12/2024		F		76	D	\$443.9	5,586	D	
Common Stock, \$0.01 par value	03/12/2024		F		132	D	\$443.9	5,454	D	
Common Stock, \$0.01 par value								10.095	I	401(k) Savings Plan

**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)	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 and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V	(A)	(D)	Date Exercisable	Expiration Date					
Option to Purchase Common Stock	\$443.9	03/11/2024		A <sup>(2)</sup>		1,581		03/11/2027	03/11/2034	Common Stock, \$0.01 par value	\$0	1,581	D	

**Explanation of Responses:**

- 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 March 11, 2025, March 11, 2026 and March 11, 2027. Shares are issued and delivered following each vesting tranche of the award.
- The options to purchase common stock vest one-third each year on the anniversary date of the grant date. Thus, one-third shall vest on each of March 11, 2025, March 11, 2026 and March 11, 2027.

/s/ Joseph W. Clementz, 03/13/2024  
attorney-in-fact

\*\* 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.