

**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

OMB APPROVAL	
OMB Number:	3235-0104
Estimated average burden hours per response:	0.5

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* <u>BRAKEMAN ROY EDGAR III</u> <hr/> (Last) (First) (Middle) C/O BROOKSIDE CAPITAL MANAGEMENT, LLC 111 HUNTINGTON AVENUE <hr/> (Street) BOSTON MA 02199 <hr/> (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 07/13/2004	3. Issuer Name and Ticker or Trading Symbol <u>DOMINOS PIZZA INC [ DPZ ]</u>	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) Other (specify below)	5. If Amendment, Date of Original Filed (Month/Day/Year)  6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person <input checked="" type="checkbox"/> Form filed by More than One Reporting Person

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock, \$.01 par value	2,596,046	I	See footnote <sup>(1)</sup>

**Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			

1. Name and Address of Reporting Person* <u>BRAKEMAN ROY EDGAR III</u> <hr/> (Last) (First) (Middle) C/O BROOKSIDE CAPITAL MANAGEMENT, LLC 111 HUNTINGTON AVENUE <hr/> (Street) BOSTON MA 02199 <hr/> (City) (State) (Zip)
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1. Name and Address of Reporting Person* <u>BROOKSIDE CAPITAL PARTNERS FUND LP</u> <hr/> (Last) (First) (Middle) C/O BAIN CAPITAL INVESTORS, LLC 111 HUNTINGTON AVENUE <hr/> (Street) BOSTON MA 02199 <hr/> (City) (State) (Zip)
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1. Name and Address of Reporting Person* <u>BROOKSIDE CAPITAL INVESTORS L P</u> <hr/> (Last) (First) (Middle) C/O BAIN CAPITAL INVESTORS, LLC 111 HUNTINGTON AVENUE <hr/> (Street)
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BOSTON MA 02199

(City) (State) (Zip)

1. Name and Address of Reporting Person\*

BROOKSIDE CAPITAL MANAGEMENT LLC

(Last) (First) (Middle)

C/O BAIN CAPITAL INVESTORS, LLC

111 HUNTINGTON AVENUE

(Street)

BOSTON MA 02199

(City) (State) (Zip)

**Explanation of Responses:**

1. Roy Edgar Brakeman, III, as the sole managing member of Brookside Capital Management, LLC ("BCM"), BCM, as the sole general partner of Brookside Capital Investors, L.P. ("BCI"), and BCI, as the sole general partner of Brookside Capital Partners Fund, L.P. ("BCP"), may each be deemed to share voting and dispositive power with respect to the shares held by BCP. Mr. Brakeman, BCM and BCI disclaim beneficial ownership of such securities except to the extent of their pecuniary interest therein.

Brookside Capital  
Management, LLC, for itself,  
on behalf of itself in its  
capacity as sole general partner  
of Brookside Capital Investors,  
L.P. 07/13/2004  
and on behalf of Brookside  
Capital Investors, L.P. in its  
capacity as sole general partner  
of Brookside Capital Partners  
Fund, L.P. 07/13/2004  
by: /s/ Roy Edgar Brakeman III 07/13/2004

\*\* 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 5 (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.**