## FORM 4

#### **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

#### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

**OMB APPROVAL** 3235-0287 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*  MORGAN JAMES B						2. Issuer Name <b>and</b> Ticker or Trading Symbol DAKTRONICS INC /SD/ [ DAKT ]								S. Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner							
(Last) (First) (Middle) 331 32ND AVENUE PO BOX 5128					3. Date of Earliest Transaction (Month/Day/Year) 09/20/2006								X Officer (give title Other (specify below)  CEO & President								
(Street) BROOKINGS SD 57006					4.	If Ame	ndme	ent, Date					Line	Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person							
(City) (State) (Zip)							ative Securities Acquired, Disposed of, or Beneficially Owned														
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day				action	2/ Ex	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 an			5. Amount of		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	Transaction (Instr. 3 and				(			
Daktronics, Inc. Zero Par Value Common Stock				09/20	09/20/2006				М		64,000	A	\$1.5313	1,490,890		) D					
Daktronics, Inc. Zero Par Value Common Stock				09/20/2006					М		32,000	A	\$2.5625	1,522,890		) D					
Daktronics, Inc. Zero Par Value Common Stock															2,320			By Child A			
Daktronics, Inc. Zero Par Value Common Stock													2,32		I		By Child B				
Daktronics, Inc. Zero Par Value Common Stock													37,425.652 <sup>(1)</sup>		I		By Daktronics, Inc. 401(K) 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)	rative Conversion Date Executio rity or Exercise (Month/Day/Year) if any		ed Date,	4. Transa	nsaction (		of			sable and te	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Num derivat Securii Benefii Owned Follow Report Transa (Instr. 4	tive ties cially I ing ed action(s)	10. Owners Form: Direct (I or Indire (I) (Instr	Beneficial Ownership ct (Instr. 4)				
					Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amount or Number of Shares								
Daktronics, Inc. Incentive Stock Option	\$1.5313	09/20/2006			М			64,000	11/19/19	99(2)	11/18/2008	Daktronics, Inc. Zero Par Value Common Stock	64,000	\$0	0.0	0.0000					
Daktronics, Inc. Incentive Stock Option	\$2.5625	09/20/2006			М		32,000		11/18/2000 <sup>(3)</sup>		11/17/2009	Daktronics, Inc. Zero Par Value Common Stock	32,000	\$0	32,	,000	D				

### **Explanation of Responses:**

- 1. The information in this report is based on a plan statement dated as of September 15, 2006.
- $2.\,20\%\ vested\ each\ year\ for\ a\ total\ of\ five\ years\ -\ Vesting\ schedule\ -\ 11/19/00-99\%,\ 11/19/00-20\%,\ 11/19/01-20\%,\ 11/19/02-20\%,\ 11/19/03-$
- $3.\,20\%\ vested\ each\ year\ for\ a\ total\ of\ five\ years\ -\ Vesting\ schedule\ -\ 11/18/00-20,\ 11/18/01-20\%,\ 11/18/02-20\%,\ 11/18/03-2$

# Remarks:

By: /s/ James B. Morgan

09/21/2006

\*\* 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.