FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| l | OMB APPRO | VAL | | | | |
|---|------------------------|-----------|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | |
| l | Estimated average burd | en | | | | |
| l | hours per response: | 0.5 | | | | |

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

| | d Address of | | 2. Issuer Name and Ticker or Trading Symbol DAKTRONICS INC /SD/ [DAKT] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director Officer (give title below) Director 10% Owner Other (specify below) | | | | | | | | |
|--|---|---|---|------------------------|----------------|--|-----------|---|------------------------------|----------------------------|-----------------------------------|--|-------|-------|--|--|---|--|--|--|
| (Last) 331 32NI PO BOX | 12/ | 3. Date of Earliest Transaction (Month/Day/Year) 12/30/2004 | | | | | | | | | Treasurer & CFO | | | | | | | | | |
| (Street) BROOKINGS SD 57006 (City) (State) (Zip) | | | | | _ 4. I1 _ | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | Tabl | e I - N | on-Deriv | ative | Sec | uritie | s Ac | quire | d, Di | sposed o | f, or B | enefi | ciall | y Owne | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/ | | | | | | Execution Date, | | | 3. Transa Code (8) | | | | | | Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | | Reported Transact (Instr. 3 | tion(s) | | | (Instr. 4) | |
| Daktronic Stock | :004 | 04 | | | J | v | 602.51(1) | A | \$18 | .05 | 5 2,375.9 | | D | | | | | | | |
| Daktronics, Inc. Zero Par Value Common Stock 12/30/20 | | | | | | 04 | | | G | V | 100 | D | \$ | 0 | 2,275.9 | | D | | | |
| Daktronics, Inc. Zero Par Value Common Stock | | | | | | | | | | | | | | | 2,628.23 | | I | | By Daktronics, Inc. 401(K) Plan ⁽²⁾ | |
| | 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) | Execut if any | Execution Date, if any | | i. Transaction Code (Instr. i) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | e Exer tion D h/Day/ | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | | | 9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4) | e s Illy | 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 | or Numbe of Title Shares | | | | | | | | | |

Explanation of Responses:

- $1.\ Includes\ 602.51\ shares\ acquired\ under\ the\ Daktronics,\ Inc.\ Employee\ Stock\ Purchase\ Plan\ on\ November\ 23,\ 2004.$
- 2. Includes 457.82 shares acquired under the Daktronics, Inc. 401(k) Plan as of October 30, 2004.

Remarks:

<u>/s/ Retterath, William R.</u> <u>01/03/2005</u>

** 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.