FORM 4

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

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

Washi

ington, D.C.	20549			

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

**OMB APPROVAL** OMB Number: Estimated average burden hours per response: 0.5

1. Name and Address of Reporting Person*  SANDER DUANE E					2. Issuer Name <b>and</b> Ticker or Trading Symbol  DAKTRONICS INC /SD/ [ DAKT ]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
SANDER DUANE E					. ,							X	Director Officer (give titl	е	10% Owner Other (specify		
(Last) (First) (Middle) 331 32ND AVENUE						e of Earliest Transa /2005	Day/Year)		below) below)								
PO BOX 5128						mendment, Date of	(Month/Day		6. Individual or Joint/Group Filing (Check Applicable								
(Street) BROOKINGS	S SD			Line)  X Form filed by One Reporting Person  Form filed by More than One Reporting Person													
(City)	(Sta	ate) (	Zip)														
		Tabl	e I - No	n-Deriv	ative S	ecurities Acq	uired,	Dis	posed of	, or Ben	efici	ally	Owned				
1. Title of Security (Instr. 3)				2. Transa Date (Month/D		2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acqui Disposed Of (D) (In 5)				5. Amount of Securities Beneficially Owned Following Reported	Form: (D) or I	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
							Code	v	Amount	(A) or (D)	Price	e	Transaction(s) (Instr. 3 and 4)			(Instr. 4)	
Daktronics, Inc Stock	c. Zero	Par Value Com	mon	11/16/	/2005		S		1,000(1)	D	\$2	5.4	258,632		I	Phyllis A. Sander Living Trust	
Daktronics, Inc Stock	c. Zero	Par Value Com	mon	11/16/	/2005		S		2,900(1)	D	\$25	5.43	255,732		I	Phyllis A. Sander Living Trust	
Daktronics, Inc Stock	c. Zero	Par Value Com	mon	11/16/	/2005		S		2,100(1)	D	\$25	5.44	253,632		I	Phyllis A. Sander Living Trust	
Daktronics, Inc Stock	c. Zero	Par Value Com	mon	11/16/	/2005		S		1,000(1)	D	\$25	5.51	252,632		I	Phyllis A. Sander Living Trust	
Daktronics, Inc Stock	c. Zero	Par Value Com	mon	11/16/	/2005		S		1,600(1)	D	\$25	5.52	251,032		I	Phyllis A. Sander Living Trust	
Daktronics, Inc. Zero Par Value Common Stock			11/16/2005			S		400 <sup>(1)</sup>	D	\$25.53		250,632		I	Phyllis A. Sander Living Trust		
Daktronics, Inc. Zero Par Value Common Stock													316,314 <sup>(2)</sup>	]	D		
		Та				curities Acqui Is, warrants, o							wned	,		1	
		ned n Date,	4. Transacti Code (Ins 8)	5. Number on of		xercis	sable and e ar)	7. Title and Amount of Securities Underlying Derivative Security (Ir and 4)		8. Pr		Ow For Direction (I) (I)	nership	11. Nature of Indirect Beneficial Ownership (Instr. 4)			

		Ta	ble II - Deriva (e.g., p					ired, Disp options,							
1. Title of	2. Conversion	3. Transaction	3A. Deemed Execution Date,	4.ode	V	(5A)Nu	m(150e)r	Expertis Elalero	ist2abtlee and	7itītētle	aSalolares	8. Price of Derivative	9. Number of	10. Ownership	11. Nature
ESeptiantation	of Elespisas	e(\$Month/Day/Year)	if any	Code (	Instr.	Deriv		(Month/Day/\	(ear)	Securi	ties	Security	Securities	Form:	Beneficial
			d pursuant to a Rule 1									(Instr. 5)		Direct (D) or Indirect	
			name of the reporting he reporting person's												
other transact	tions involving		e trust. The reporting				rimary								
reporting pers	son. I	ı		ı		and 5						ı	(IIISU: 4) I		
Remarks	<b>‡</b> :						-								
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										)A	Amount	retteration,	11/17/200	<u>)5</u>	
									_	_		ting Person	Date		
Reminder: R	eport on a se	     parate line for eacl	h class of securities	  benefic	ially ov	vned d	irectly	o <b>D</b> anelirectly.	Expiration `	Tigi iatai	Number	g . 013011			
			ng person, see Instr				(D)	Exercisable	Date	Title	Shares				

<sup>\*\*</sup> 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.