FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| 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

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|--|---|--|---|--------|--------------------------------|--|-------------|-----------------------------------|--|---|-----------------------|---|--|---|--|--|--|---------------------------------------|--|
| 1. Name and Address of Reporting Person* DUTCHER ROBERT G | | | | | | 2. Issuer Name and Ticker or Trading Symbol DAKTRONICS INC /SD/ [DAKT] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
| DUIC. | IIEK KO | DEKT G | | | | | | | | | | - | | X Direct | or | | 10% Ov | vner | |
| (Last) | (First) (Middle) | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/23/2012 | | | | | | | | Office below | (give title | | Other (s below) | specify | |
| 331 32N | D AVENUI | Ε | | | 1 | | | | | | | | | | | | | | |
| POST OFFICE BOX 5128 | | | | | 4.1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) | | | | | | | | | | | | | | , | iled by One | e Repo | rting Persor | า | |
| BROOK | INGS S | D | 57006 | | _ | | | | | | | | | | iled by Mor | | One Repor | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | | | | |
| | | Tal | ole I - No | n-Deri | vativ | e Se | ecuritie | s Ac | quired, | Dis | posed o | f, or Ber | neficial | ly Owned | I | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | ear) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Disposed Code (Instr. | | ies Acquired (A) or Of (D) (Instr. 3, 4 ar | | Benefic | es Formally (D) (Sollowing (I) (I | | n: Direct r Indirect estr. 4) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | Transac | action(s) . 3 and 4) | | | (Instr. 4) | |
| Common Stock 08/23/2 | | | | | 3/201 | /2012 | | | A | | 2,103(1) |) A | \$0.00 | 00 24 | 24,699 | | D | | |
| | | | Table II - | | | | | | | | osed of, convertib | | | Owned | | | | | |
| 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. Transactio Code (Inst | | | | 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. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4) | e s ally | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | | Date Exercisabl | | Expiration Date | Title | Amount or Number of Shares | | | | | | |
| Non- Qualified Stock Option | \$9.51 | 08/23/2012 | | | A | | 13,636 | | 08/23/2013 | 3(2) | 08/22/2019 | Common Stock | 13,636 | \$0.0000 | 13,63 | 66 | D | | |

Explanation of Responses:

- 1. Restricted stock that vests one year from grant date.
- 2. Non-qualified Stock Option vests one year from grant date.

/s/ William R. Retterath, POA 08/27/2012

** 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.