FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
|-------------|------|-------|
| | | |

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 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

| Wiema (Last) | 1. Name and Address of Reporting Person* Wiemann Bradley T (Last) (First) (Middle) 201 DAKTRONICS DRIVE | | | | Susuer Name and Ticker or Trading Symbol DAKTRONICS INC /SD/ [DAKT] Dake of Earliest Transaction (Month/Day/Year) 08/31/2017 | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) Director | | | | | /ner | |
|---|--|--|--|----------------------|---|--|---------------------|--|-----------|-------------------------|--|-----------------------------------|---|--|---|----------------|--|--|--|
| (Street) BROOK (City) | OOKINGS SD 57006 y) (State) (Zip) | | | | | If Amendment, Date of Original Filed (Month/Day/Year) Ative Securities Acquired, Disposed of, or Benefice | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| 1. Title of | Security (Ins | | | erivati Transacti | | 2A. Deen | | 3. | , DIS | - | ities Acqu | | | 5. Amou | | 6. Ov | vnership 7 | 7. Nature | |
| Dat | | | te onth/Day | /Year) | Execution Date if any (Month/Day/Yea | | , Transaction Dispo | | 1 Dispose | posed Of (D) (Instr. 3, | | | Securities Beneficially Owned Following | | (D) o | r Indirect I | of Indirect Beneficial Ownership | | |
| | | | | | | | Code | v | Amount | (A) or (D) | | ice | Reported Transaction(s) (Instr. 3 and 4) | | , | | (Instr. 4) | | |
| | | 7 | able II - Dei (e.ç | | | | | | | osed of converti | | | | 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/Ye: | Cod | nsactio le (Insti | | | 6. Date Exercis Expiration Date (Month/Day/Yea | | е | 7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4) | | E | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | illy D | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Cod | le V | (A) | (D) | Date Exercisa | | Expiration Date | Title | Amou or Numl of Share | ber | | | | | | |
| Non- Qualified Stock Option | \$9.63 | 08/31/2017 | | A | | 7,500 | | (1) | | 08/31/2027 | Common Stock | 7,50 | 00 | \$0 | 95,955 | 5 | D | | |
| Restricted Stock Units | \$0.0 ⁽²⁾ | 08/31/2017 | | A | | 3,000 | | (3) | | 08/31/2027 | Commo | 3,00 | 00 | \$0 | 9,000 | | D | | |

Explanation of Responses:

- 1. Incentive Stock Options 20% vested each year for a total of five years vesting schedule 8/23/2018, 8/23/2019, 08/23/2020, 08/23/2021, 08/23/2022.
- $2.\ Each\ Restricted\ Stock\ Unit\ represents\ the\ contingent\ right\ to\ receive\ one\ share\ of\ Daktronics,\ Inc.\ common\ stock.$
- 3. Restricted Stock Units granted on 08/31/2017 vest 20% each year for five years beginning on 08/23/2018. Vested shares will be delivered to the reporting person as soon as practicable after the date of vesting.

Remarks:

Bradlev T. Wiemann

09/01/2017

** 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.