

<b>OMB APPROVAL</b>	
OMB Number:	3235-0287
Estimated average burden hours per response:	0.5

**STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP**

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

1. Name and Address of Reporting Person* <b>MORGAN JAMES B</b>  (Last) (First) (Middle) <b>331 32ND AVENUE</b> <b>PO BOX 5128</b>  (Street) <b>BROOKINGS SD 57006</b>  (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <b>DAKTRONICS INC /SD/ [ DAKT ]</b>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input checked="" type="checkbox"/> Director 10% Owner <input checked="" type="checkbox"/> Officer (give title below) Other (specify below) <b>CEO &amp; President</b>
	3. Date of Earliest Transaction (Month/Day/Year) <b>03/24/2005</b>	
	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person

**Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	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 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	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			
Daktronics, Inc. Zero Par Value Common Stock	03/24/2005		M		32,000	A	\$0	686,492	D	
Daktronics, Inc. Zero Par Value Common Stock								800	I	By Child A
Daktronics, Inc. Zero Par Value Common Stock								800	I	By Child B
Daktronics, Inc. Zero Par Value Common Stock								18,610.06 <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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		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. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	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					
Daktronics, Inc. Incentive Stock Option	\$1.47	03/24/2005		M		32,000		08/23/1996 <sup>(2)</sup>	08/22/2005	Daktronics, Inc. Zero Par Value Common Stock	\$0	0.00	D	

**Explanation of Responses:**

- 1. Includes 134.8 shares acquired under Daktronics, Inc. 401(k) plan since the date of the reporting person's last Form 4 filing. Total holding held by Plan is based on a plan statement as of 3/24/05.
- 2. 20% vested each year for a total of five years - Remaining vesting schedule - 08/23/97-20%, 08/23/98-20%, 08/23/99-20%, 08/23/00-20%

**Remarks:**

By: /s/ James B. Morgan      03/25/2005  
 \*\* 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.