Instruction 1(b).

FORM 5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | |
|--------------------------|-----------|
| OMB Number: | 3235-0362 |
| Estimated average burden | |

| (Last) (First) (Middle) 201 DAKTRONICS DRIVE 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) (Street) BROOKINGS SD 57006 (City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Common Stock | | | | |
|--|--|--|--|--|
| Common Stock Comm | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| Common Stock Comm | | | | |
| Common Stock Comm | 7 401k | | | |
| Check all applicable Circle (Individual or Joint/Group Filing (Check All applicable) | | | | |
| Check all applicable Director 10% of Check all applicable Director 20% of Check all applicable 20% o | hild B | | | |
| Check all applicable Director 10% of Check all applic | hild C | | | |
| Check all applicable Director 10% (Check all applicable) Now of the pelow Now of the pel | hild A | | | |
| Kurtenbach Matthew John (Last) (First) (Middle) 201 DAKTRONICS DRIVE (Street) BROOKINGS SD 57006 (City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 1. Title of Security (Instr. 3) (Check all applicable) Director 10% (X Officer (give title below) VP of Manufacturing (Check All applicable) Director 10% (X Officer (give title below) VP of Manufacturing (Check All applicable) X Form filed by More title below Form filed by More than One Reperson (Check all applicable) X Officer (give title below) VP of Manufacturing (Check All applicable) X Form filed by More person Form filed by More than One Reperson Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | eneficial vnership istr. 4) | | | |
| Check all applicable DAKTRONICS INC /SD/ [DAKT] DAKT | Nature of | | | |
| DAKTRONICS INC /SD/ [DAKT] Check all applicable) Director 10% (Check all applicable) Check all applicable) Check all applicable) V Officer (give title below) VP of Manufacturing VP of Manufacturing Check all applicable) VP of Manufacturing Check all applicable) VP of Manufacturing VP of Manufacturing Check all applicable) VP of Manufacturing Check all applicable) VP of Manufacturing Check all applicable) VP of Manufacturing VP of Manufacturing Check all applicable) VP of Manufacturing Check all applicable) VP of Manufacturing VP of Manufacturing Check all applicable) VP of Manufacturing Check all applicable) VP of Manufacturing VP of Manufacturing Check all applicable) VP of Manufacturing Check all applicable) VP of Manufacturing Check all applicable) VP of Manufacturing VP of Manufacturing Check all applicable) VP of Manufact | | | | |
| DAKTRONICS INC /SD/ [DAKT] Check all applicable) | on | | | |
| DAKTRONICS INC /SD/ [DAKT] Check all applicable) Director 10% (Check all applicable) Director 10% (Check all applicable) Check all applicable) Director 10% (Check all applicable) Check all applicable) Director 10% (Check all applicable) Check | | | | |
| Kurtonbach Matthew John DAKTRONICS INC /SD/ [DAKT] (Check all applicable) | specify | | | |
| | | | | |
| or Section 30(h) of the Investment Company Act of 1940 | | | | |
| Form 3 Holdings Reported. Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 | | | | |

Explanation of Responses:

- $1. \ Gift \ received \ from \ grantor \ retained \ annuity \ trust.$
- 2. Between December 1, 2015 and April 12, 2016, the reporting person acquired 497.0057 shares of common stock of Daktronics, Inc. under the Daktronics, Inc. 401k Plan.

Remarks:

Matthew J. Kurtenbach 06/15/2016

** 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.