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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

| | ROVAL |
|---------------------|-----------|
| OMB Number: | 3235-0287 |
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| hours per response: | 0.5 |

| | 1 6 | | 2. Issuer Name and Ticker or Trading Symbol <u>DAKTRONICS INC /SD/</u> [DAKT] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner |
|--|------------|----------|---|--|
| <i>y</i> | | | | X Officer (give title Other (specify below) below) |
| (Last) | (First) | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) | , , , , |
| L. Name and Address of Reporting Person* RETTERATH WILLIAM R (Last) (First) (Middle) 331 32ND AVENUE PO BOX 5128 (Street) BROOKINGS SD 57006 | | | 03/22/2004 | Treasurer & CFO |
| PO BOX 5128 | 3 | | | |
| | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Individual or Joint/Group Filing (Check Applicable |
| (Street) | | | | Line) |
| . , | SD SD | 57006 | | X Form filed by One Reporting Person |
| | 5 <u>5</u> | 57000 | | Form filed by More than One Reporting Person |
| (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) | 2A. Deemed Execution Date, if any (Month/Day/Year) | Code (| Transaction Disposed Of (D) (Instr. 3, 4 and Code (Instr. 5) | | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | |
|---|--|---|--------|--|--------|---------------|---|---|---|--|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (Instr. 4) |
| Daktronics, Inc. Zero Par Value Common Stock | 03/22/2004 | | Р | | 450.8 | A | \$21.67 | 2,067.04 ⁽¹⁾ | Ι | By Daktronics, Inc. 401(K) Plan |
| Daktronics, Inc. Zero Par Value Common Stock | | | | | | | | 1,361.32 ⁽²⁾ | D | |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| (0.9.) | | | | | | | | | | | | | | | | |
|--------|---|---|--|---|--------------|---|---|-----|--|--------------------|---|--|--------------------------------------|--|--|--|
| | 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) | Code (Instr. | | 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) | | 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 | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

1. Includes 124.63 shares acquired under Daktronics, Inc. 401(k) plan since the date of the reporting person's last Form 5 filing.

2. Includes 693.37 shares acquired under the Daktronics, Inc. Employee Stock Purchase Plan on December 2, 2003.

Remarks:

/s/ Retterath, William R.

03/16/2004

** Signature of Reporting Person

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.