FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

0.5

hours per response:

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

| 1. Name and Address of Reporting Person* WEINER RUSSELL J | | | | | | | 2. Issuer Name and Ticker or Trading Symbol DOMINOS PIZZA INC [DPZ] | | | | | | | | | | tionship of Reportin all applicable) Director | | 10% | Owner | |
|---|--|-------------|--|--|---------|---------------------------------|--|---------|---------------|--|--------|--------------------------|-------------|--------|---|---|--|--|---------------------------------------|-------|--|
| (Last) DOMING | O'S PIZZ | | , | Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/22/2018 X Officer (give title below) 08/00, President of the Americas | | | | | | | | | | | <i>ı</i>)` ′ ′ | | | |
| (Street) ANN AR (City) | BOR | MI (Stat | | VE 18105 Zip) | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | i. Indivine) | Forn Forn | al or Joint/Group Filing (Check Applicable orm filed by One Reporting Person orm filed by More than One Reporting erson | | | |
| Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transact Date | | | | | | ative Securities Acq | | | | quired, Disposed of 3. 3. 4. Securitie Disposed Of Di | | | | (A) or | | | ount of | 6. Ownership Form: Direct | 7. Nature | | |
| (Month/Day | | | | | ay/Year | | | | Code (1 8) | Instr. V | Amount | | A) or O) | Price | | Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | | (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | | |
| Common | | | | | | | | 738.249 | D | | | | | | | | | | | | |
| Common Stock, \$0.01 par value 08/22/2 | | | | 2018 | 018 | | | S | | 742.708 ⁽¹⁾ D \$ | | \$31 | 3.03 | 0 | | I | 401(k) Savings 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. Conversic or Exercis Price of Derivative Security | on l | 3. Transaction Date (Month/Day/Year) | ay/Year) Execution Date, if any (Month/Day/Year) (Month/Day/Year) Transaction Code (Instr. 8) Execution Date, if any Code (Instr. 8) Execution Date, Transaction Code (Instr. 8) Execution Date, Instruction Code (Instr. 8) Execution Date, In | | ative rities ired osed | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Exercisable Expiration Date | | | Amount of Securities Underlying Derivative Security (Instr. and 4) Amount of Number of Number of Security (Instr. and 4) | | nstr. 3 nount mber | unt ber | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |

Explanation of Responses:

1. Represents the disposition of all shares of company stock held by Mr. Weiner through the Domino's Pizza 401(k) Savings Plan. The price reported reflects the amount per share credited to Mr. Weiner's 401(k) account with respect to the shares sold.

Remarks:

/s/ Adam J. Gacek, attorney-infact

** Signature of Reporting Person

Date

08/24/2018

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.