## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washington, D.C. 20549

OMB APPROVAL

OMB Number: Estimated average burden hours per response: 0.5

## 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 S	Section	n 30(h)	of the	Investme	ent Co	ompany Act	of 1940				-			
						2. Issuer Name <b>and</b> Ticker or Trading Symbol DOMINOS PIZZA INC [ DPZ ]								Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director X 10% Owner					
(Last) (First) (Middle) 110 WIGMORE STREET					3. Date of Earliest Transaction (Month/Day/Year) 03/03/2009									Officer (give title Other (specify below) below)					
(Street) LONDON X0 W1U3RW  (City) (State) (Zip)				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)  6. Individual or Joint/Group Filing (Line)  Form filed by One Report  X Person										porting Per	son			
		Tabl	e I - No	on-Deriv	ative	Sec	curitie	s Ac	quired	l, Dis	sposed o	f, or E	Benefi	cial	y Owne	ed			
Date				2. Transac Date (Month/Da	y/Year) Ex		A. Deemed execution Date, any Month/Day/Year)				Disposed C	ties Acquired (A) or d Of (D) (Instr. 3, 4 a			5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)
								Code	v	Amount	(A) (D)	Prio	e	Transac	isaction(s) tr. 3 and 4)			(IIISti. 4)	
Common Stock 03/03/2				2009	009			S		61,981	D	\$6	\$6.36		5,712,972		I	By Investment Vehicles <sup>(1)</sup>	
		Та	ıble II -								osed of, convertib				Owned				
1. Title of Derivative Security (Instr. 3)	rivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any			4. Transa Code ( 8)		of Deriv Secu Acqu (A) o Dispo of (D (Insti			6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Price of erivative ecurity nstr. 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 Exercis	able	Expiration Date	Title	Amour or Number of Shares	er					
1. Name and Address of Reporting Person*  CEDAR ROCK CAPITAL LTD					,		,					,			•				

1. Name and Address of Reporting Person*  CEDAR ROCK CAPITAL LTD								
(Last)	(First)	(Middle)						
110 WIGMORE STREET								
(Street)								
LONDON	X0	W1U3RW						
(City)	(State)	(Zip)						
1. Name and Address of Reporting Person*  Brown Andrew								
(Last)	(First)	(Middle)						
110 WIGMORE STREET								
(Street)								
LONDON	X0	W1U 3RW						
(City)	(State)	(Zip)						

## Explanation of Responses:

1. These securities are held in the accounts of various private investment funds and separately managed accounts (the "Investment Vehicles") for which Cedar Rock Capital Limited (the "Investment Manager"), which is a Reporting Person, serves as the Investment Manager. Andrew Brown, who is also a Reporting Person, is the Managing Member of the Investment Manager. Each such Reporting Person disclaims beneficial ownership of the reported securities except to the extent of its pecuniary interest therein, and this report shall not be deemed an admission that each such Reporting Person is the beneficial owner of the securities for purposes of Section 16 of the Securities Exchange Act of 1934, as amended, or for any other purpose.

/s/ Andrew Brown

03/05/2009

\*\* 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.