

**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

OMB APPROVAL	
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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* <u>LAVINE JONATHAN S</u> <hr/> (Last) (First) (Middle) C/O SANKATY INVESTORS, LLC 111 HUNTINGTON AVENUE <hr/> (Street) BOSTON MA 02199 <hr/> (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 07/13/2004	3. Issuer Name and Ticker or Trading Symbol <u>DOMINOS PIZZA INC [ DPZ ]</u>	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) Other (specify below)	5. If Amendment, Date of Original Filed (Month/Day/Year)  6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person <input checked="" type="checkbox"/> Form filed by More than One Reporting Person

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock, \$.01 par value	977,136	I	See Footnote <sup>(1)</sup>

**Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			

1. Name and Address of Reporting Person\*  
LAVINE JONATHAN S  


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 (Last) (First) (Middle)  
 C/O SANKATY INVESTORS, LLC  
 111 HUNTINGTON AVENUE  


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 (Street)  
 BOSTON MA 02199  


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 (City) (State) (Zip)

1. Name and Address of Reporting Person\*  
SANKATY HIGH YIELD ASSET PARTNERS LP  


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 (Last) (First) (Middle)  
 C/O BAIN CAPITAL INVESTORS, LLC  
 111 HUNTINGTON AVENUE  


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 (Street)  
 BOSTON MA 02199  


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 (City) (State) (Zip)

1. Name and Address of Reporting Person\*  
SANKATY HIGH YIELD ASSET INVESTORS LLC  


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 (Last) (First) (Middle)  
 C/O BAIN CAPITAL INVESTORS, LLC  
 111 HUNTINGTON AVENUE  


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 (City) (State) (Zip)

(Street)	BOSTON	MA	02199
(City)	(State)	(Zip)	
1. Name and Address of Reporting Person*			
<u>SANKATY INVESTORS LLC</u>			
(Last)	(First)	(Middle)	
C/O BAIN CAPITAL INVESTORS, LLC			
111 HUNTINGTON AVENUE			
(Street)	BOSTON	MA	02199
(City)	(State)	(Zip)	

**Explanation of Responses:**

1. Mr. Jonathan S. Lavine, as the sole managing member of Sankaty Investors, LLC ("Sankaty Investors"), Sankaty Investors, as the sole managing member of Sankaty High Yield Asset Investors, LLC ("Sankaty Asset Investors") and Sankaty Asset Investors, as the sole general partner of Sankaty High Yield Asset Partners, L.P. ("Sankaty Partners"), may each be deemed to share voting and dispositive power with respect to the shares held by Sankaty Partners. Mr. Lavine, Sankaty Investors and Sankaty Asset Investors disclaim beneficial ownership of such securities except to the extent of their pecuniary interest therein.

Sankaty Investors, LLC, for  
itself, on behalf of itself as sole  
managing member of Sankaty High Yield Asset Investors,  
LLC      07/13/2004  
  
and on behalf of Sankaty High  
Yield Asset Investors, LLC in  
its capacity as sole general  
partner of Sankaty High Yield  
Asset Partners, L.P.      07/13/2004  
  
by: /s/ Jonathan S. Lavine      07/13/2004  
\*\* 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 5 (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.**