SEC Form 3

FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL OMB Number: 3235-0104 Estimated average burden hours per response: 0.5

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

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

Crowford Troy W			2. Date of Even Requiring Stater (Month/Day/Yea	ment (	3. Issuer Name and Ticker or Trading Symbol GameStop Corp. [ GME ]				
(Last) C/O GAMEST 625 WESTPO (Street) GRAPEVINE (City)	RT PARKWA	(Middle)	- 06/14/2010		4. Relationship of Reporting Pers Check all applicable) Director X Officer (give title below) Snr VP & Chief Acco	10% Own Other (spe below)	er ecify Ap	onth/Day/Year) Individual or Joir plicable Line) X Form filed b Person	Date of Original Filed nt/Group Filing (Check by One Reporting by More than One Person
		-	Table I - Nor	n-Derivati	ve Securities Beneficiall	y Owned			
1. Title of Security (Instr. 4)					Amount of Securities eneficially Owned (Instr. 4)	•		Nature of Indirect Beneficial Ownership str. 5)	
Class A Common Stock					20,582	D			
		(e.			Securities Beneficially nts, options, convertible		s)		
1. Title of Deriva	. Title of Derivative Security (Instr. 4) 2. Date Exercisal Expiration Date (Month/Day/Year)		ate	3. Title and Amount of Secur Underlying Derivative Secur 4)			5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
			Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Exercise Price of Derivative Security	Direct (D) or Indirect (I) (Instr. 5)	

Explanation of Responses:

Remarks:

## /s/ Troy W. Crawford

06/24/2010

\*\* 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.