FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| 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).

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

| Name and Address of Reporting Person* CARLSON DAVID W | | | | | | 2. Issuer Name and Ticker or Trading Symbol GameStop Corp. [GME] | | | | | | | | | | all app | nship of Reporting F applicable) irector | | rson(s) to 1 | |
|--|--|--|----------|------------|-----------|--|--------|--------|--|---------------|---|--|--|---------------------|--|--------------------------------------|---|---------------------|--|--|
| (Last) | (Fir | st) (M | /liddle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/10/2006 | | | | | | | | | | belov | , | | below) | |
| C/O GAN | | | | | | | | | | | | Exec. VP, CFO & Asst. Secy. | | | | 7. | | | | |
| 625 WES | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | | | | |
| (Street) | | | | | | | | | | | | | | | | X Form filed by One Reporting Person | | | | |
| GRAPEV | GRAPEVINE TX 76051 | | | | | | | | | | | | | | | Form Perso | filed by Mor | e thai | n One Rep | orting |
| (City) | (Sta | ate) (Z | ľip) | | | | | | | | | | | | | | | | | |
| | | Tabl | e I - N | lon-Deriv | ative S | Secu | ıritie | s Acq | uired, | Disp | osed of | f, or | Bene | ficia | ally C | Owne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/ | | | | | | Execution Date, | | | | | | ities Acquired (d Of (D) (Instr. 3 | | | 3, 4 Se Be | | Securities Seneficially Owned | | wnership n: Direct or rect (I) r. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | Code | v | Amount | | (A) or (D) | Price | e ! | Reported Transaction(s) (Instr. 3 and 4) | | (| ,, | (| | | |
| Class A C per share | 006 | | | | Α | | 30,000 | (1) | A \$0 | | 30,000 | | 0,000 | | D | | | | | |
| | 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) | vative Conversion Date Execution Dat urity or Exercise (Month/Day/Year) if any | | | tion Date, | Code (Ins | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Insti 3 and 4) | | str. | 8. Pri of Deriv Secui (Instr | ative | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | , D o (I 4 | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisal | - 1 | Expiration Date | Title | or Nur of | ount nber res | | | | | | |

Explanation of Responses:

1. Grant of restricted shares vesting in equal installments on February 10 of each of the years 2007 through 2009.

<u>/s/ David W. Carlson</u> <u>02/14/2006</u>

** 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.