#### Edgar Filing: SHERN STEPHANIE M - Form 4

|   | EPHANIE M  |  |   |                       |                       |                  |              |   |  |   |  |  |
|---|--|--|---|-----------------------|-----------------------|------------------|--------------|---|--|---|--|--|
| Form 4<br>September 1   | 2 2007   |  |   |                       |                       |                  |              |   |  |   |  |  |
| •   |  |  |   |                       |                       |                  |              |   | OMB AI   | PPROVAL   |  |  |
| FURN  | <b>ORM 4</b> UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 |  |   |                       |                       |                  | OMMISSION    | OMB<br>Number:  | 3235-0287  |   |  |  |
| Check th<br>if no lon<br>subject to<br>Section 1<br>Form 4 of<br>Form 5<br>obligatio                                | ger<br>o<br>16.<br>or<br>Filed pu  | <b>STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF</b><br><b>SECURITIES</b><br>Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, |   |                       |                       |                  |              |   |  | January 31,Expires:2005Estimated averageburden hours perresponse0.5 |  |  |
| may con<br>See Instr<br>1(b).   | tinue. Section 17  |  |   | •                     | lding Cor<br>t Compar | · ·              |              | 1935 or Sectior   | I  |   |  |  |
| (Print or Type  | Responses)   |  |   |                       |                       |                  |              |   |  |   |  |  |
| 1. Name and Address of Reporting Person <u>*</u><br>SHERN STEPHANIE M   |  |  | 2. Issuer Name <b>and</b> Ticker or Trading<br>Symbol<br>GameStop Corp. [GME]               |                       |                       |                  |              | 5. Relationship of Reporting Person(s) to<br>Issuer<br>(Check all applicable) |  |   |  |  |
| (Last)  | (First)  | (Middle)   | 3. Date of Earliest Transaction   |                       |                       |                  |              | (Check an applicable)   |  |   |  |  |
|   | ESTOP CORP., 6<br>T PARKWAY  | 525  | (Month/I<br>09/10/2   | Day/Year)<br>2007     |                       |                  |              | X Director<br>Officer (give t<br>below)                                       |  | Owner<br>er (specify  |  |  |
|   | (Street)   |  |   | Filed(Month/Day/Year) |                       |                  |              |   | 6. Individual or Joint/Group Filing(Check<br>Applicable Line)<br>_X_ Form filed by One Reporting Person<br>Form filed by More than One Reporting |   |  |  |
| GRAPEVIN  | NE, TX 76051   |  |   |                       |                       |                  |              | Person  | ore than One Re  | eporting  |  |  |
| (City)  | (State)  | (Zip)  | Tab   | le I - Non-J          | Derivative            | Secur            | ities Acqu   | iired, Disposed of,   | or Beneficial  | ly Owned  |  |  |
| 1.Title of<br>Security<br>(Instr. 3)2. Transaction Date<br>(Month/Day/Year)2A. Deen<br>Execution<br>any<br>(Month/D |  |  | ned3.4. Securities Acquired (n Date, ifTransactionor Disposed of (D)Code(Instr. 3, 4 and 5) |                       |                       |                  |              | Securities<br>Beneficially<br>Owned<br>Following                              | 6.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect  | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership<br>(Instr. 4)   |  |  |
| Class A   |  |  |   | Code V                | Amount                | (A)<br>or<br>(D) | Price        | Reported<br>Transaction(s)<br>(Instr. 3 and 4)                                | (I)<br>(Instr. 4)  |   |  |  |
| Common<br>Stock, par<br>value<br>\$0.001 per<br>share   | 09/10/2007   |  |   | S                     | 16,400                | D                | \$<br>48.696 | 34,000  | D  |   |  |  |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 control number.

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 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date<br>(Month/Day/Year) | 4.<br>Transactio<br>Code<br>(Instr. 8) | 5.<br>onNumber<br>of<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3,<br>4, and 5) | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |                    | 7. Tit<br>Amou<br>Unde<br>Secur<br>(Instr | int of<br>rlying                       | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Nu<br>Deriv<br>Secur<br>Bene<br>Owne<br>Follo<br>Repo<br>Trans<br>(Instr |
|---|---|---|--|---|--|--------------------|---|--|---|---|
|   |   |   | Code V                                 | (A) (D)   | Date<br>Exercisable  | Expiration<br>Date | Title                                     | Amount<br>or<br>Number<br>of<br>Shares |   |   |

## **Reporting Owners**

**Reporting Owner Name / Address** 

Relationships

10% Owner Officer Other

|                      | Director |
|----------------------|----------|
| SHERN STEPHANIE M    |          |
| C/O GAMESTOP CORP.   | v        |
| 625 WESTPORT PARKWAY | Х        |
| GRAPEVINE, TX 76051  |          |

# Signatures

/s/ Stephanie M. Shern 09/12/2007 \*\*Signature of Date

Reporting Person

### **Explanation of Responses:**

- \* 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).
- (1) Represents the sale of 16,400 shares in 59 separate transactions at prices ranging from \$48.43 to \$49.28 per share, resulting in a weighted average sale price per share of \$48.6960.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.