## FORM 4

## UNI

Washington, D.C. 20549

ITED STATES SECURITIES AND EXCHANGE COMMISSION	ON
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OMB APPROVAL									
OMB Number:	3235-0287								

0.5

Estimated average burden

hours per response:

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 Section 30(h) of the Investment Company Act of 1940

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Check this box to indicate that a
transaction was made pursuant to a
contract, instruction or written plan for
the purchase or sale of equity
securities of the issuer that is intended
to satisfy the affirmative defense
conditions of Rule 10b5-1(c) See

Instruc	tion 10.																		
1. Name and Address of Reporting Person*  Moore Ryan R					2. Issuer Name <b>and</b> Ticker or Trading Symbol  DraftKings Inc. [ DKNG ]								(Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
WOOTE Kyall K															/ Director	r		10% Ow	ner
	AFTKINGS	S INC.	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 11/07/2024									Officer (below)	Officer (give title below)		Other (sp below)	pecify
222 BERKELEY STREET, 5TH FLOOR				4	If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable					
(Street) BOSTON MA 02116					-									Line	Line)  Form filed by One Reporting Person  Form filed by More than One Reporting  Person				
(City)	(S	tate)	(Zip)																
		Tal	ble I - Nor	n-Deriv	vativ	e Se	ecuriti	es Acq	uired,	Dis	posed of	f, or E	3ene	ficially	/ Owned				
1. Title of Security (Instr. 3)  2. Trans: Date (Month/L				action 2A. Deemed Execution Date, if any (Month/Day/Year)		Execution if any	Execution Date, if any		3. Transaction Code (Instr. 8)					5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		Form:	Direct Indirect Estr. 4)	'. Nature of ndirect Beneficial Ownership Instr. 4)	
						Code	v	Amount (A) or (D)		Price			(11130.4)						
Class A Common Stock 11/07				7/202	24			M		464		A	(1)	58,	58,570		D		
			Table II - I								osed of, onvertib				Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Date Execution Date, Transaction Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)  (Month/Day/Year)  7. Title and Amount of Securities Underlying Derivative Sec (Instr. 3 and 4)					8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficia Owned Following Reported Transacti	e s ally	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)					
			Code	v	(A)	(D)	Or No Date Expiration of		Amount or Number of		(Instr. 4)								

## **Explanation of Responses:**

(1)(2)

(1)(2)

Restricted

Restricted

Stock

Units

Stock Units

- 1. No shares of Class A Common Stock were transferred or sold upon the vesting of the restricted stock units ("RSUs").
- 2. Each RSU represents a contingent right to receive one share of the Issuer's Class A Common Stock.
- 3. Represents RSU grant that is being issued in lieu of a quarterly cash retainer.

11/07/2024

11/07/2024

4. The RSUs were granted and became fully vested on November 7, 2024.

/s/ Ryan R. Moore

464

464

Class A

Common

Stock

Class A

Common

(4)

11/08/2024

464

D

D

(4)

\*\* Signature of Reporting Person Date

\$0.00

\$0.00

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.

464(3)

464<sup>(3)</sup>