## FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Vashington,	D.C. 20549
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## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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).

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*					2. Issuer Name and Ticker or Trading Symbol DraftKings Inc. [ DKNG ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
<u>Moore Jocelyn</u>					Ľ	Diatrings inc. [ Divid ]								V Directo	r	10% Owner		ner		
(Last)	(F	irst)	(Middle)			Date (		t Transa	ction (Mo	nth/D	ay/Year)		Officer below)	(give title	Other (spe		pecify			
C/O DRAFTKINGS INC.						4. If Amandment, Data of Original Filed (Month/Dev/Month)								6. Individual or Joint/Group Filing (Check Applicable						
222 BERKELEY STREET, 5TH FLOOR					4.	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
													X Form filed by One Reporting Person							
(Street) BOSTON MA 02116													Form filed by More than One Reporting Person							
BOSTON	N IVI	IA	02116		- R	Rule 10b5-1(c) Transaction Indication														
(City)	(S	tate)	(Zip)			Check this box to indicate that a transaction was made pursuant to a the affirmative defense conditions of Rule 10b5-1(c). See Instruction														
		Ta	ble I - Nor	n-Deri	vativ	re Se	curitie	es Acq	uired,	Disp	osed of	, or Ber	eficiall	y Owned						
Dat			2. Tran Date (Month	nsactio		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction			es Acquire Of (D) (Inst		5. Amour Securitie Beneficia Owned F	s Form lly (D) o ollowing (I) (II		Direct I I Indirect Estr. 4)	7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A) or (D)	Price	Reported Transact (Instr. 3 a	ion(s)		10	Instr. 4)		
Class A C	Common Sto	ock		10/3	31/202	23			М		610	10 A		1,	1,124		D			
Class A Common Stock													27,	,568		I S	The Mustard Seed Living Trust			
			Table II -								sed of, onvertib			Owned				•		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day/	ate,	4. Transa Code (		5. Number of Derivative			xerci:	sable and	7. Title an Amount o Securities Underlyin Derivative (Instr. 3 an	d f g Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported	e S Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amount or Number of Shares		Transaction(s (Instr. 4)					
Restricted Stock Units	(1)(2)	10/31/2023			A		610 <sup>(3)</sup>		(4)		(4)	Class A Common Stock	610	\$0.00	610		D			
Restricted Stock Units	(1)(2)	10/31/2023			M			610 <sup>(3)</sup>	(4)		(4)	Class A Common Stock	610	\$0.00	0		D			

## **Explanation of Responses:**

- 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.
- 4. The RSUs were granted and became fully vested on October 31, 2023.

/s/ Faisal Hasan, attorney-in-\*\* Signature of Reporting Person

fact

11/02/2023

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.