FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APP	ROVAL						
OMB Number: 3235-010							
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Ad Novak Bre	dress of Reporting $\frac{1}{2}$	Date of Event equiring Statem Month/Day/Year 4/01/2018	tatement Year)  JAKKS PACIFIC INC [ JAKK ]									
(Last) (First) (Middle) C/O JAKKS PACIFIC, INC. 2951 28TH STREET					4. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director  10% Owner  Officer (circuit)				5. If Amendment, Date of Original Filed (Month/Day/Year)			
	TREET				X	Officer (give title below)  Chief Financial	Other (specify below)  Officer		Appl	6. Individual or Joint/Group Filing (Check Applicable Line)		
(Street) SANTA MONICA	CA	90405							X		y One Reporting Person y More than One erson	
(City)	(State)	(Zip)										
		Т	able I - Non	-Derivati	ve Se	curities Beneficia	ly Own	ed				
1. Title of Secu	rity (Instr. 4)	Т	able I - Non	2.	Amour	ecurities Beneficial nt of Securities ally Owned (Instr. 4)	3. Owner Form: Description or Indirection (Instr. 5	ership Direct (D) Dect (I)			Beneficial Ownership	
1. Title of Secu	rity (Instr. 4)		Table II - D	2. Be	Amour eneficia Secu	nt of Securities	3. Owner Form: D or Indire (Instr. 5	ership birect (D) ect (I)			Beneficial Ownership	
	rity (Instr. 4)	(e.ç	Table II - D	2. Berivative S, warrar	Amour eneficia Secu nts, o	nt of Securities ally Owned (Instr. 4) urities Beneficially	3. Owner Form: E or Indire (Instr. 5)  Owned Securi	ties)			6. Nature of Indirect Beneficial Ownership (Instr. 5)	

Explanation of Responses:

No securities are beneficially owned.

<u>/s/ Brent T. Novak</u> <u>04/04/2018</u>

\*\* Signature of Reporting Person Date

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

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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).