FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OI

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uant to Section 16(a) of the Securities Exchange Act of 1934		nours per respons
or Section 30(h) of the Investment Company Act of 1940		

OMB APPROVAL								
OMB Number: 3235-0287								
Estimated average burden								
hours per response:	0.5							

1. Name and Address of Reporting Person* SITRICK MICHAEL S					2. Issuer Name and Ticker or Trading Symbol JAKKS PACIFIC INC [ JAKK ]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
STIRICK MICHAEL S				1	STATE THOUSE COUNTY									X	Direc	tor	109	6 Owner		
(Last) (First) (Middle)				Date of Earliest Transaction (Month/Day/Year)								$\dashv$		Officer (give title below)		Oth bel	er (specify ow)			
C/O JAKKS PACIFIC, INC.					01/01/2017															
2951 28TH STREET				1																
2551 201	III O I I I L I	_			4 If	4. If Amendment, Date of Original Filed (Month/Day/Moss)									6. Individual or Joint/Croup Filing (Chock Applicable					
(Street)					4. "	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
SANTA															X	Form	n filed by One	e Reporting P	erson	
MONICA	A CA	A 9	90405													Form Pers		re than One F	eporting	
(City)	(Ct	ate) (	Zip)																	
(City)	(31	ale) (	Ζιμ)																	
		Tabl	e I - No	n-Deriv	ative	Sec	uritie	s Acc	quired	, Dis	posed o	f, o	r Ben	eficia	ally O	wne	ed			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)			ay/Year)   Exe		A. Deemed Execution Date, f any Month/Day/Year)				ies Acquired (A) Of (D) (Instr. 3, 4			id 5)   S	5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect				
								Code	v	Amount		(A) or (D)	Price		Transaction(s) (Instr. 3 and 4)			(111511.4)		
Common Stock			01/01/2017				A		19,324(1)		A	\$5.17(2)		81	,637(3)	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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deen Executio if any (Month/D	n Date,	Date, Transaction Code (Ins				6. Date I Expiration (Month/I	on Dat			str. 3	8. Price Derivati Security (Instr. 5		9. Number of derivative Securities Beneficially Owned Following Reported Transactions (Instr. 4)	Ownersh Form: Direct (D or Indire (I) (Instr.	Beneficial Ownership ct (Instr. 4)		
						v	(4)	(D)	Date .		Expiration	or		ount nber						

## **Explanation of Responses:**

- 1. Issued under the Company's 2002 Stock Award and Incentive Plan. In accordance with such Plan, the shares so issued will vest on, and may not be sold, mortgaged, pledged, transferred or otherwise encumbered prior to, January 1, 2018.
- 2. Represents the average closing price of the Company's common stock for the ten trading days preceding the date of grant, as reported by NASDAQ.
- 3. Certain of these shares may be restricted from transfer pursuant to the minimum stock ownership provisions adopted by the Company's Board of Directors.

/s/ Michael S. Sitrick 01/03/2017

\*\* 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.