

DOMINOS PIZZA INC
Form 3/A
May 06, 2008

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,
Section 17(a) of the Public Utility Holding Company Act of 1935 or Section
30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person *			2. Date of Event Requiring Statement	3. Issuer Name and Ticker or Trading Symbol	
Â CEDAR ROCK CAPITAL LTD			(Month/Day/Year)	DOMINOS PIZZA INC [DPZ]	
(Last)	(First)	(Middle)	04/22/2008		
110 WIGMORE STREET			4. Relationship of Reporting Person(s) to Issuer		5. If Amendment, Date Original Filed(Month/Day/Year)
(Street)			(Check all applicable)		05/02/2008
LONDON,Â X0Â W1U 3RW			<input type="checkbox"/> Director <input checked="" type="checkbox"/> 10% Owner <input type="checkbox"/> Officer <input type="checkbox"/> Other (give title below) (specify below)		6. Individual or Joint/Group Filing(Check Applicable Line) <input type="checkbox"/> Form filed by One Reporting Person <input checked="" type="checkbox"/> Form filed by More than One Reporting Person
(City)	(State)	(Zip)			

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	5,831,494 ⁽¹⁾	I	By Investment Vehicles

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

SEC 1473 (7-02)

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Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4) Title	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
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Date Exercisable	Expiration Date	Amount or Number of Shares	or Indirect (I) (Instr. 5)
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Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
CEDAR ROCK CAPITAL LTD 110 WIGMORE STREET LONDON, X0 W1U 3RW	^	^ X	^	^
Brown Andrew 110 WIGMORE STREET LONDON, X0 W1U 3RW	^	^ X	^	^

Signatures

CEDAR ROCK CAPITAL LIMITED, By: /s/ Andrew Brown, Managing Member 05/06/2008

**Signature of Reporting Person

Date

/s/ Andrew Brown (+)

05/06/2008

**Signature of Reporting Person

Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 5(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) These securities are held in the accounts of various private investment funds and separately managed accounts (the "Investment Vehicles") for which Cedar Rock Capital Limited (the "Investment Manager"), which is a Reporting Person, serves as the Investment Manager. Andrew Brown, who is also a Reporting Person, is the Managing Member of the Investment Manager. Each such Reporting Person disclaims beneficial ownership of the reported securities except to the extent of its pecuniary interest therein, and this report shall not be deemed an admission that each such Reporting Person is the beneficial owner of the securities for purposes of Section 16 of the Securities Exchange Act of 1934, as amended, or for any other purpose.

^
Remarks:

(+) ^ This ^ Form ^ 3/A ^ is ^ being ^ filed ^ to ^ report ^ Andrew ^ Brown ^ as ^ a ^ Reporting ^ Person. ^ It ^ replaces ^ the ^ its ^ entirety.

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.