Kaminsky Robin Form 4 October 23, 2006

FORM 4

OMB APPROVAL

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

OMB 3235-0287 Number:

Check this box if no longer subject to Section 16. Form 4 or Form 5

January 31, Expires: 2005

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

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

See Instruction

1(b).

(City)

(State)

(Zip)

(Print or Type Responses)

1. Name and Address of Reporting Person <u>*</u> Kaminsky Robin	Symbol	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)		
(Last) (First) (Middle)	ACTIVISION INC /NY [ATVI] 3. Date of Earliest Transaction			
C/O ACTIVISION, INC., 3100 OCEAN PARK BLVD	(Month/Day/Year) 10/19/2006	Director 10% Owner Selfon		
(Street)	4. If Amendment, Date Original Filed(Month/Day/Year)	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person		
SANTA MONICA, CA 90405		Form filed by More than One Reporting		

(City)	(State) (Z	Table Table	I - Non-De	erivative Se	curities	Acqu	uired, Disposed of	f, or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, any (Month/Day/Year)		3. Transaction Code (Instr. 8)	· /			Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code V	Amount	(A) or (D) I	Price	Reported Transaction(s) (Instr. 3 and 4)		
Common Stock, par value \$0.000001 per share	10/19/2006		A	35,000 (1)	A S	\$ 0	35,000	D	

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

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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. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	0)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amoun Numbe Shares
Employee Stock Option	\$ 15.142	10/19/2006		A	300,000	(2)	10/19/2016	Common Stock, par value \$0.000001 per share	300,0

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Kaminsky Robin C/O ACTIVISION, INC. 3100 OCEAN PARK BLVD SANTA MONICA, CA 90405

EVP, Publishing

Signatures

/s/ George L. Rose, as Attorny-in-Fact

10/23/2006

**Signature of Reporting Person Date

Explanation of Responses:

- * 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).
- The restricted stock was granted to Ms. Kaminsky in two tranches. The first tranche of 23,333 shares will vest in three equal installments (1) on the first, second and third anniversary of the date of grant. The second tranche of 11,667 shares will vest in its entirety on the third anniversary of the date of grant (subject to accelerated vesting if Ms. Kaminsky achieves certain performance objectives).
- The employee stock options were granted to Ms. Kaminsky in two tranches. The first tranche of options to purchase 200,000 shares will vest in three equal installments on the first, second and third anniversary of the date of grant. The second tranche of options to purchase 100,000 shares will vest in its entirety on the third anniversary of the date of grant (subject to accelerated vesting if Ms. Kaminsky achieves certain performance objectives).

Remarks:

*George L. Rose was granted a power of attorney to sign all Forms 3, 4 and 5 on behalf of Ms. Kaminsky.

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.

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