## Edgar Filing: O SULLIVAN MICHAEL B - Form 4

Form 4	N MICHAEL	В									
April 13, 201									OMB AF	PROVAL	
FORM	UNITE	D STATES		RITIES A shington,			NGE C	COMMISSION	OMB Number:	3235-0287	
Check this box				ANGES IN BENEFICIAL OWNERSHIP OF SECURITIES					Expires: January 3 <sup>-</sup> 200 Estimated average burden hours per response 0.		
Form 5 obligation may cont <i>See</i> Instru 1(b).	ns Section 1	7(a) of the	Public U		ling Con	npany	Act of	e Act of 1934, 1935 or Section 0	·		
(Print or Type I	Responses)										
O SULLIVAN MICHAEL B Symb			Symbol	2. Issuer Name <b>and</b> Ticker or Trading ymbol OSS STORES INC [ROST]				5. Relationship of Reporting Person(s) to Issuer			
(Last) 4440 ROSE BUILDING	(First) WOOD DRIV 4	(Middle) E,	3. Date of (Month/D 04/11/20	-	ransaction			Director X Officer (give below)		Owner er (specify	
				if Amendment, Date Original ed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
PLEASAN	FON, CA 9458	8						Form filed by M Person	Iore than One Re	porting	
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction D (Month/Day/Yea	ar) Executio any	med on Date, if Day/Year)	3. Transactio Code (Instr. 8)	4. Securi on(A) or Di (Instr. 3,	sposed	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect Beneficial	
Common Stock	04/11/2011			Code V F	Amount 7,193		Price \$ 71.25	(Instr. 3 and 4) 211,360	D		

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

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 control number.

 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)	4. Transactic Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code V		Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
O SULLIVAN MICHAEL B 4440 ROSEWOOD DRIVE, BUILDING 4 PLEASANTON, CA 94588 <b>Signatures</b>			President, Chief Operating Off				
/s/John G. Call for Michael B O'Sullivan Preside Officer **Signature of Reporting Person	nt, Chief Op	erating	04/12/2011 Date				
_Signature of Reporting reison			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).

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.