Edgar Filing: O SULLIVAN MICHAEL B - Form 4

O SULLIVA	AN MICHAEL H	3									
Form 4	• • • • •										
October 17,											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									PPROVAL		
	UNITED	JAIL		shington.					OMB Number:	3235-0287	
Check th					, 2000 - 20				Expires:	January 31,	
if no long		MENT O	F CHAN	GES IN	BENEF	ICIA	L OWN	VERSHIP OF	•	2005	
subject to STATEMENT OF CHAN				SECURITIES					Estimated average burden hours per		
Form 4 c	or								response	0.5	
Form 5 obligatio	-						•	e Act of 1934,			
may cont				•	•	-	•	1935 or Section	1		
See Instr		30(h)	of the Ir	ivestment	Compai	ıy Ас	ct of 1940	0			
1(b).											
(Print or Type l	Responses)										
(,										
1. Name and A	Address of Reportin	g Person <u>*</u>	2. Issue	r Name and Ticker or Trading				5. Relationship of Reporting Person(s) to			
O SULLIVAN MICHAEL B Symbol				-				Issuer			
			STORES INC [ROST]				(Check all applicable)				
(Last)	(First)	(Middle)	3. Date o	f Earliest Ti	ransaction			(Check	c all applicable)	
			(Month/I	n/Day/Year)				Director 10% Owner			
	WOOD DRIVE	Ξ,	10/14/2	4/2011				XOfficer (give titleOther (specify below) below)			
BUILDING	i 4							· ·	Chief Operatin	g Off	
	(Street)		4. If Ame	4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check			
			onth/Day/Year)				Applicable Line)				
								X Form filed by O			
PLEASAN	TON, CA 94588	3						Form filed by M Person	ore than One Re	porting	
(City)	(State)	(Zip)	Tab	le I - Non-I	Derivative	Secu	rities Acqu	iired, Disposed of,	or Beneficial	ly Owned	
1.Title of	2. Transaction Da	te 2A. Deer	ned	3.	4. Securi	ties A	cquired	5. Amount of	6.	7. Nature of	
Security	(Month/Day/Year	n Date, if Transaction(A) or Disposed of (D)					Securities	Ownership	Indirect		
(Instr. 3)		any (Month/I	Code (Instr. 3, 4 and 5) Day/Year) (Instr. 8)				5)	Beneficially Owned	Form: Direct Benef		
		(INIOIIUI/I	Jay/ 1 cal)	(111501. 0)				Following	(D) or Indirect (I)	Ownership (Instr. 4)	
						(A)		Reported	(Instr. 4)		
						or		Transaction(s) (Instr. 3 and 4)			
~				Code V	Amount	(D)	Price	(Insu: 5 and 4)			
Common	10/14/2011			S	2,100	D	\$	209,260	D		
Stock							84.001				
Common Stock	10/14/2011			S	2,900	D	\$ 84	206,360	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.

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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. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Date	Amou Under Secur	le and unt of rlying rities (. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
to Porting O when I when I when the	Director	10% Owner	Officer	Other			
O SULLIVAN MICHAEL B 4440 ROSEWOOD DRIVE, BUILDING 4 PLEASANTON, CA 94588			President, Chief Operating Off				
Signatures							
/s/Michael B O'Sullivan President, Chief Oper Officer	ating	10/17/2011					
<u>**</u> 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).

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.