Edgar Filing: RITE AID CORP - Form 4

| RITE AID CO | ORP | | | | | | | | | | |
|--|---|------------------|---|--|------------------------|--|---|--|--|---|--|
| Form 4 | | | | | | | | | | | |
| June 28, 2005 | | | | | | | | | | | |
| FORM | 4 | | | | | | | | | PPROVAL | |
| UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | COMMISSION | OMB Number: | 3235-0287 | | |
| Check this if no longe | r | | - | | | | | | January 31, | | |
| subject to | - NIATENTENTOFT HANTENTNEEN EN KENERT IAT TWANERS | | | | | | NERSHIP OF | Estimated a burden hou | | | |
| Form 4 or | | | | | | | | | response 0.5 | | |
| Form 5 obligations | · · | | | | | | | ge Act of 1934, | | | |
| may contir See Instruc | nue. Section 17 | | of the Inv | • | • | - · | | of 1935 or Sectio 40 | n | | |
| 1(b). | | | | | | | | | | | |
| (Print or Type Re | esponses) | | | | | | | | | | |
| 1. Name and Address of Reporting Person <u>*</u> MASTRIAN JAMES P | | | 2. Issuer Name and Ticker or Trading Symbol | | | | g | 5. Relationship of Reporting Person(s) to Issuer | | | |
| | | | RITE AID CORP [RAD] | | | | | (Check all applicable) | | | |
| (Last) (First) (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/24/2005 | | | | | Director 10% Owner Officer (give title Other (specify below) below) SR EVP - Marketing & Logistics | | | |
| | (Street) | | 4. If Amer | 4. If Amendment, Date Original | | | | 6. Individual or Joint/Group Filing(Check | | | |
| | | | th/Day/Year) | | | | Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (State) | (Zip) | Table | e I - Non-De | erivative S | Securi | ties Ac | quired, Disposed o | f, or Beneficial | lly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Da (Month/Day/Yea | r) Execution any | | 3. Transactio Code (Instr. 8) | Disposed (Instr. 3, | l (A) c l of (D 4 and (A) or |)) 5) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| Common Stock | 06/24/2005 | | | F | Amount 1,660 | (D) D | Price \$ 4.1 | | 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)

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| 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. Transact Code (Instr. 8) | 5. tionNumber of) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | 3 | Date | 7. Titl Amou Under Secur (Instr. | ınt of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr |
|---|---|---|---|--------------------------------------|---|---------------------|--------------------|--|--|---|--|
| | | | | Code V | V (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | | |
|--------------------------------|---------------|-----------|--------------------------------|-------|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | |
| MASTRIAN JAMES P | | | SR EVP - Marketing & Logistics | | | | | |
| Signaturos | | | | | | | | |

Signatures

James P. Mastrian, by Power of Attorney 06/28/2005

**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.