RITE AID CORP Form 4 June 26, 2015

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.

January 31, Expires: 2005

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

Estimated average burden hours per response... 0.5

Form 4 or Form 5 obligations may continue. See Instruction

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

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * Thompson Robert Ivan			2. Issuer Name and Ticker or Trading Symbol RITE AID CORP [RAD]	5. Relationship of Reporting Person(s) to Issuer			
(Last) (First) (Middle) RITE AID CORPORATION, 30 HUNTER LANE		(Middle)	3. Date of Earliest Transaction	(Check all applicable) Director 10% OwnerX_ Officer (give title Other (specify below) EVP			
		ON, 30	(Month/Day/Year) 06/24/2015				
(Street) CAMP HILL, PA 17011			4. If Amendment, Date Original	6. Individual or Joint/Group Filing(Check			
			Filed(Month/Day/Year)	Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting			

(City)	(State)	(Zip)			Table	e I - N	on-D	erivati	ive Sec	urities Ac	quire	d, Dispose	d of, or	Beneficia	lly Owned
1.Title of	2. Transaction D	ate 2A	. Deei	med		3.		4. Se	curities	Acquired	5. A	amount of	6. 0	Ownership	7. Nature
				_		-									

1.11the of	2. Transaction Date	ZA. Decilica	<i>J</i> .	T. SCCullu	cs Acc	quircu	J. Amount of	o. Ownership	7. Ivature or	
Security	(Month/Day/Year)	Execution Date, if	Transactio	n(A) or Dis	posed	of	Securities	Form: Direct	Indirect	
(Instr. 3)		any	Code	(D)			Beneficially	(D) or	Beneficial	
		(Month/Day/Year)	(Instr. 8)	(Instr. 3, 4	and 5	i)	Owned	Indirect (I)	Ownership	
							Following	(Instr. 4)	(Instr. 4)	
					()		Reported			
					(A)		Transaction(s)			
			G 1 17		or	ъ.	(Instr. 3 and 4)			
			Code V	Amount	(D)	Price				
Common	06/24/2015		A	20,700	Α	\$ 0	329,246	D		
Stock	00/24/2013		A	20,700	Α	\$ 0	329,240	D		
Common	06/25/2015		F ⁽¹⁾	9.720	D	\$	220.526	D		
Stock	00/23/2013		$\Gamma_{(1)}$	8,720	ט	8.6	320,526	D		

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)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. Transactic Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	tive Expiration Date ies (Month/Day/Year) ed (A) posed of		7. Title and An Underlying Se (Instr. 3 and 4)
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title [
Non-Qualified Stock Option (right to buy)	\$ 8.68	06/24/2015		A	71,000	06/24/2016 <u>(2)</u>	06/24/2025	Common Stock

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Thompson Robert Ivan RITE AID CORPORATION 30 HUNTER LANE CAMP HILL, PA 17011

EVP

Signatures

/s/ Robert I Thompson 06/26/2015

**Signature of Date
Reporting Person

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).
- (1) Shares are being surrendered to satisfy tax withholding obligation with respect to shares on which restrictions are lapsing.
- (2) The option vests in four equal annual installments beginning one year from the date of grant.

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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