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ROSS STOR	ES INC										
Form 4											
May 22, 2014	_										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									OMB APPROVAL		
	UNITED S		hington,			NGE	COMMISSION	OMB Number:	3235-0287		
Check this	s box	v as	inington,	D.C. 20.					January 31,		
if no long	er STATEM	ENT OF CHAN	GES IN H	BENEFI	CIA	LOW	NERSHIP OF	Expires:	2005		
subject to Section 10	б.		SECUR	ITIES					Estimated average burden hours per		
Form 4 or								response	•		
Form 5	Filed purs	uant to Section 16	6(a) of the	Securiti	es Ez	xchang	ge Act of 1934,	•			
obligation may conti) of the Public Ut	•	•	• •			n			
See Instru		30(h) of the Inv	vestment	Company	y Act	t of 19	40				
1(b).											
(Print or Type R	esponses)										
(I fint of Type K	esponses)										
1. Name and Address of Reporting Person [*] _ 2. Issuer Name and Ticker or Trading 5. Relationship of							f Reporting Per	son(s) to			
GARRETT S	SHARON D	Symbol	Name and Tieker of Trading				Issuer				
			TORES I	NC [RO	ST]						
(Last)	(First) (M	iddle) 3. Date of	Earliest Tra	insaction	-		(Cheo	ck all applicable	e)		
(2000)	(1130) (11	(Month/Da					_X_ Director 10% Owner				
5130 HACIE)14				Officer (give titleOther (specify below)						
					, , ,						
	(Street)		endment, Date Original				6. Individual or Joint/Group Filing(Check				
		Filed(Mon	th/Day/Year)				Applicable Line) X Form filed by	One Reporting Person			
DUBLIN, C.	A 94568						Form filed by I	More than One R			
							Person				
(City)	(State) (Z	Zip) Table	e I - Non-Do	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned		
1.Title of	2. Transaction Date	2A. Deemed	Code Disposed of (D)				5. Amount of 6	6. Ownership			
Security	(Month/Day/Year)	Execution Date, if					Form: Direct	Indirect			
(Instr. 3)		any (Month/Day/Year)					•	(D) or Indirect (I)	Beneficial Ownership		
		(11011111204), 1044)	(2)	Following	Instr. 4)	(Instr. 4)			
					(A)		Reported				
					or		Transaction(s) (Instr. 3 and 4)				
C			Code V	Amount	(D)	Price	(insure and i)				
Common	05/21/2014		А	1,910 (1)	А	\$0	8,182	D			
Stock				(1)							
Common											
Stock							58,126	I	by Trust (2)		

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 3. Transaction Date 3A. Deemed 7. Title and 2. 4. 5. 6. Date Exercisable and 8. Price of (Month/Day/Year) Derivative Conversion Execution Date, if TransactionNumber Expiration Date Amount of Derivative Security or Exercise any Code of (Month/Day/Year) Underlying Security Price of (Month/Day/Year) (Instr. 8) (Instr. 5) (Instr. 3) Derivative Securities Derivative Securities (Instr. 3 and 4) Security Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)

ner

				Date	Expiration	Title	or Number
Code	v	(A)	(D)	Exercisable	Date		of Shares

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Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Oth			
GARRETT SHARON D 5130 HACIENDA DRIVE DUBLIN, CA 94568	Х						
Signatures							
/s/John Call for Sharon Garrett	05/2						
**Signature of Reporting Person	I	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).
- (1) Annual Award shall vest 1/3 on the first anniversary of the date of grant, 1/3 on the second anniversary of the date of grant, and 1/3 anniversary of the date of grant.
- (2) Securities held in the name of Sharon D. Garrett Living Trust.

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.

9. Nt

Deriv

Secu

Bene

Own

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Repo

Trans

(Insti

Amount