

[] Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person *														5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
TAYLOR E	MILY C				DO)LI	LAR G	ENER.	AL	COF	RP [DC	;]						
(Last) (First) (Middle)					3. I	Date	of Earli	est Transa	ction	1 (MM/	DD/YYYY	Director 10% Owner						
100 MISSION RIDGE								3/9	/202	21		X_ Officer (give title below) Other (specify below) EVP & Chief Merchandising Ofc						
(Street)					4. I	4. If Amendment, Date Original Filed (MM/DD/YYYY)								6. Individual or Joint/Group Filing (Check Applicable Line)				
GOODLETTSVILLE, TN 37072 (City) (State) (Zip)														X_Form filed by One Reporting Person Form filed by More than One Reporting Person				
			Table 1	I - Nor	ı-Der	ivati	ve Secu	rities Acc	quire	ed, Di	sposed o	f, or	Ber	neficially Owne	d			
1.Title of Security (Instr. 3)			2. Trans. Date				3. Trans. Code (Instr. 8)		or Dis (Instr.	4. Securities Acqui or Disposed of (D) (Instr. 3, 4 and 5) (A) or Amount (D)		F	Following Reported Transaction(s) O (Instr. 3 and 4) For Di or		or Indirect (I) (Instr.	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Stock				3/9/20)21			A		2472	_ ` ′	\$0		1	1811		D	
	Tab	le II - De	rivative	Secur	ities l	Bene	eficially	Owned (e.g.,	puts,	calls, wa	rran	ts,	options, conver	tible secu	ırities)		
Security (Instr. 3)		Date E	3A. Deer Execution Date, if a	cution (Ins		Code	ode 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)					7. Title and Securities U Derivative S (Instr. 3 and		Underlying e Security	Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following	Ownership Form of Derivative	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Coo	Code	V	(A)	(D)	Date Exerc	cisable	Expiration Date	Title	Am Sha	nount or Number of ares		Reported Transaction(s) (Instr. 4)	or Indirect	

Explanation of Responses:

(1) Performance share units ("PSUs") earned by reporting person from March 21, 2018 & March 17, 2020 grants, as certified by Issuer's Compensation Committee on March 9, 2021. Each PSU represents right to one share of Issuer's common stock. Amount reported includes: (i) 1,284 PSUs earned as a result of Issuer's fiscal years 2018-2020 average adjusted ROIC performance (2018 grant), all of which will become vested & be settled & paid in unrestricted shares of Issuer's common stock on April 1, 2021; & (ii) 1,188 PSUs earned as a result of Issuer's fiscal year 2020 adjusted EBITDA performance (2020 grant), 396 of which will become vested & be settled & paid in unrestricted shares of Issuer's common stock on April 1, 2021, & remainder of which is subject to time-vesting requirements (396 on each of April 1, 2022 & April 1, 2023) & certain forfeiture & accelerated vesting provisions, & once vested are payable solely in unrestricted shares of Issuer's common stock.

Reporting Owners

Reporting Owner Name / Address	Relationships									
Reporting Owner Name / Address	Director	10% Owner	Officer	Other						
TAYLOR EMILY C										
100 MISSION RIDGE			EVP & Chief Merchandising Ofc							
GOODLETTSVILLE, TN 37072										

Signatures

/s/ Emily C. Taylor

**Signature of Reporting Person

Date

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

- * 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.

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.