

DOLLAR GENERAL CORP

Reported by **TAYLOR RHONDA**

FORM 5

(Annual Statement of Changes in Beneficial Ownership)

Filed 03/16/15 for the Period Ending 01/30/15

Address 100 MISSION RIDGE

GOODLETTSVILLE, TN, 37072

Telephone 6158554000

CIK 0000029534

Symbol DG

SIC Code 5331 - Retail-Variety Stores

Industry Discount Stores

Sector Consumer Cyclicals

Fiscal Year 02/02



[] Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).
[] Form 3 Holdings Reported
[X] Form 4 Transactions
Reported

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

OMB APPROVAL OMB Number: 3235-0362 Estimated average burden hours per response... 1.0

ANNUAL 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 *				2. Issu	2. Issuer Name and Ticker or Trading Symbol					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
TAYLOR RI	HONDA			DOL	LAR G	ENER	AL COI	RP [DG		(
(Last) (First) (Middle) 100 MISSION RIDGE					3. Statement for Issuer's Fiscal Year Ended (MM/DD/YYYY) 1/30/2015				Director X Officer (given SVP & General Control of the		r)	% Owner Other (speci	fy below)	
(Street)				4. If A	4. If Amendment, Date Original Filed (MM/DD/YYYY)					6. Individual or Joint/Group Filing (Check Applicable Line)				
GOODLETT (Ci										X Form Filed by Form Filed by M	One Report	ing Person		
(CI	(State			on-Deriva	tive Secu	rities Acc	quired, Di	sposed o	f, or Bene	eficially Owned	I			
1.Title of Security (Instr. 3)			Exe	Execution (Instr. 8) or Disposed of (D) Fe		Fol (Ins	ollowing Reported Transaction(s) onstr. 3 and 4) Ownership Form: Be			Beneficial Ownership				
Table I	I - Derivati	ve Securit	ies Acquir	ed, Dispos	ed of, or	Beneficia	ally Owne	d (<i>e.g.</i> , _j	puts, calls	s, warrants, op	tions, cor	vertible s	ecurities))
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Trans. Date	3A. Deemed Execution Date, if any	4. Trans. Code (Instr. 8)	Derivative Securities		(MM/DD/YYYY) Do		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	of Derivative Securities Beneficially	Form of Derivative Security:	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Owned at End of Issuer's Fiscal Year (Instr. 4)	Direct (D) or Indirect (I) (Instr. 4)	
Employee Stock Option (Right to Buy)	\$25.25	3/11/2014		A4	1285		3/11/2014	3/24/2020	Common Stock	1285	\$0	10070 (1)	D	

Explanation of Responses:

(1) On March 24, 2010, the reporting person was granted an option to purchase 5,142 shares of common stock scheduled to vest in installments of 1,072, 1,286, 1,285, 1,285 and 214 shares, respectively, based on the Issuer's satisfaction of certain performance criteria for each of the 2010 through 2014 fiscal years, subject to certain accelerated vesting provisions. The number of securities reported in this column includes the vested portion of such options that remain unexercised as well as options, whether or not vested, that are subject to time-vesting criteria but have the same exercise price and expiration date as the options reported herein as acquired.

Reporting Owners

	Reporting Owner Name / Address	Relationships						
	Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
	TAYLOR RHONDA							
100 MISSION RIDGE				SVP & General Counsel				
	GOODLETTSVILLE, TN 37072							

Signatures

/s/ Rhonda M. 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.