FORM 4

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

☐ Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

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

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. Issuer Name and Ticker or Trading Symbol								5. Relationship of Reporting Person(s) to Issuer				
														(Check all applicable)				
Wenkoff Car	man R				D	OLI	LAR (GENE	RA	L COI	RP [D	\mathbf{G}						
														Director 10% Owner				
(Last) (First) (Middle)				٥.	3. Date of Earliest Transaction (MM/DD/YYYY)								X Officer (give title below) Other (specify below)				pelow)	
						4/4/2024							EVP & Chief Information Ofc					
100 MISSION RIDGE						4/4/2024												
(Street)					4.	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					
(C	ity) (Stat	te) (Zip))															
			Tabl	e I - No	n-De	rivati	ive Sec	urities A	cqu	ired, D	isposed	of, or	Ben	eficially Owne	d			
1.Title of Security (Instr. 3)				I	e 2A. Deemed Execution Date, if any		3. Trans. Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)]	Following Reported Transaction(s) Ownership of Indire Form: Benefici Direct (D) Ownership of Indire Ownership of Ownership of Indire			Beneficial Ownership		
								Code	V	Amount	(A) or (D)	Price					or Indirect (I) (Instr. 4)	(Instr. 4)
Common Stock				4/4/202	24			S		5,909	D S	162.229	9 <u>(1)</u>			28,579	D	
	Tab	le II - Der	ivativ	ve Secu	rities	Bene	eficially	y Owned	l (<i>e.</i> g	z., puts,	calls, v	varran	ıts, o	ptions, conver	tible secu	ırities)		
			. Trans. Instr. 8)	ans. Code r. 8) 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)				and Expiration Date Securitie Derivative (Instr. 3 a			rities I vative r. 3 an	Underlying e Security (Instr. 5		f 9. Number of derivative Securities Beneficially Owned Following Reported	Ownership of Form of Derivative Security: Direct (D) or Indirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	V	(A)	(D)		Date Exercisable	Expirati Date	Title	Amo Shar	ount or Number of res		Transaction(s) (Instr. 4)	(I) (Instr. 4)	

Explanation of Responses:

(1) The reported price is a weighted average price. These shares were sold in multiple transactions ranging from \$162.085 to \$162.53, inclusive. The reporting person undertakes to provide Dollar General Corporation, any security holder of Dollar General Corporation, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in this footnote to this Form 4.

Reporting Owners

PB									
Panarting Owner Name / Address	Relationships								
Reporting Owner Name / Address	Director	10% Owner	Officer	Other					
Wenkoff Carman R									
100 MISSION RIDGE			EVP & Chief Information Ofc						
GOODLETTSVILLE, TN 37072									

Signatures

/s/ Carman R. Wenkoff

**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.