

DOLLAR GENERAL CORP

Reported by REISER JASON S

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 03/12/20 for the Period Ending 03/10/20

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).

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

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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)				
Reiser Jason S						DOLLAR GENERAL CORP [DG]												
(Last) (First) (Middle)				3. I	3. Date of Earliest Transaction (MM/DD/YYYY)								Director 10% Owner X Officer (give title below) Other (specify below)					
100 MISSION RIDGE								3/10	0/20	20		EVP & Chief Merchandising Ofc						
	(Stre	et)			4. I	f An	nendmei	nt, Date O	rigin	al Fil	ed (MM/DI	D/YYY	YY)	6. Individual o	r Joint/G	oup Filing (Check Appl	icable 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 - No	n-Der	ivati	ive 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	ecurities Acquired (Disposed of (D) tr. 3, 4 and 5) (A) or ount (D) Pri		(l	Following Reported Transaction(s) (Instr. 3 and 4)			7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Stock				3/10/2020				A		3561	<u>1)</u> A	\$0)	6558		D		
	Tab	le II - De	rivative	Secu	rities]	Bene	eficially	Owned (e.g.,	puts,	calls, wa	rran	ts, c	options, conver	tible secu	ırities)		
Security (Instr. 3)		Date I	3A. Deer Executio Date, if a	cution (Ins		Code	ode 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		1			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)
				(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 20, 2019 grant, as certified by Issuer's Compensation Committee on March 10, 2020. Each PSU represents right to one share of Issuer's common stock. Amount reported includes PSUs earned as a result of Issuer's fiscal year 2019 adjusted EBITDA performance, 1,187 of which will become vested & be settled & paid in unrestricted shares of Issuer's common stock on April 1, 2020, & remainder of which is subject to time-based vesting requirements (1,187 on each of April 1, 2021 & April 1, 2022) & 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					
Reiser Jason S									
100 MISSION RIDGE			EVP & Chief Merchandising Ofc						
GOODLETTSVILLE, TN 37072									

Signatures

/s/ Jason S. Reiser 3/12/2020

**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.