

DOLLAR GENERAL CORP

Reported by COCHRAN SANDRA B

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 04/29/20 for the Period Ending 04/27/20

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



[X] 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

Name and Address of Reporting Person *				2.	2. Issuer Name and Ticker or Trading Symbol							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
COCHRAN	SANDR	A B			D	OLI	LAR (GENER	RAI	COI	RP [DO	G]			,			
(Last) (First) (Middle)				3.	3. Date of Earliest Transaction (MM/DD/YYYY)							X Director 10% Owner Officer (give title below) Other (specify below)						
C/O DOLLAR GENERAL						4/27/2020												
CORPORAT RIDGE	IION, 10	00 MISS	ION															
	(Stre	eet)			4.	If An	nendme	nt, Date	Orig	inal Fil	ed (MM/D	D/YYY	YY)	6. Individual o	or Joint/G	roup 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						
(-	37	,		ı I - No	n-De	rivati	ve Sec	ırities A	cqui	red, D	isposed o	f, or	Ber	neficially Owne	ed			
1.Title of Security (Instr. 3) 2. Trans. D				2A. De Execut Date, i	ion	3. Trans. Co (Instr. 8)	de	4. Securities Acquir Disposed of (D) (Instr. 3, 4 and 5)		F		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)			Ownership Form:	7. Nature of Indirect Beneficial		
								Code	V	Amour	(A) or (D)	Pric	ce					Ownership (Instr. 4)
Common Stock				4/27/20	020			D		0.1749	(1) D	\$179.	.49	1	2981 (2)		D	
	Tab	ole II - De	rivativ	e Secu	rities	Bene	eficially	Owned	(e.g.	., puts,	calls, wa	rran	ıts, o	options, conve	tible secu	urities)		
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative	3. Trans. Date	3A. De Executi Date, if	ion (I	. Trans. (nstr. 8)	Acquir Dispos		ber of ive Securities ed (A) or ed of (D) B, 4 and 5)		6. Date Exercisable and Expiration Date				Underlying Security	Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned	Form of Derivative Security:	11. Nature of Indirect Beneficial Ownership (Instr. 4)
	Security			Code	Code	V	(A)	(D)	Da Ex	te ercisable	Expiration Date	Title	Ame	ount or Number of		Following Reported Transaction(s) (Instr. 4)	Direct (D) or Indirect (I) (Instr. 4)	

Explanation of Responses:

- (1) Represents the cashout of a fractional share resulting from the accelerated vesting of certain restricted stock units upon resignation from the Dollar General Corporation Board of Directors.
- (2) Includes 10.1749 additional restricted stock units, which were acquired through exempt transactions as a result of dividend equivalent rights on July 23, 2019, October 22, 2019, January 21, 2020 and April 21, 2020.

Reporting Owners

P					
Reporting Owner Name / Address		Relationsh	Relationships		
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
COCHRAN SANDRA B					
C/O DOLLAR GENERAL CORPORATION	v				
100 MISSION RIDGE	Λ				
GOODLETTSVILLE, TN 37072					

Signatures

/s/ Christine L. Connolly, Attorney-in-Fact

**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

