

DOLLAR GENERAL CORP

Reported by O BRIANT STONIE R

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 09/17/03 for the Period Ending 09/15/03

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.	2. Issuer Name and Ticker or Trading Symbol								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
O DDIANT STONIE D					D	DOLLAR GENERAL CORP [DG]							ľ	(Check an applicable)					
O BRIANT STONIE R														Director 10% Owner					
(Last)	(First	(Mi	ddle)		3.	3. Date of Earliest Transaction (MM/DD/YYYY)								X Officer (give title below) Other (specify below)					
100 MISSION RIDGE						9/15/2003								Executive Vice President					
TOO MISSIO	(Stre				4.	If An	nendn	nent, Date			led (MM	/DD/YY	YY)	6. Individual c	r Joint/G	roup Fili	ng (Chec	k Appl	icable Line)
								,		8	(/				-6 (PF	,
GOODLET	ΓSVILLI	E, TN 37	072											X Form filed by	y One Repor	rting Person	l n o Donaon		
(C	ity) (Sta	ite) (Zip)										-	roilli illed by	More man C	nie Keporti	iig reison		
			Tabl	e I - No	n_De	rivati	ive Se	curities	Acai	uired D)isnosed	of or	Rene	ficially Owne	ьd				
1.Title of Security			- +	2. Trans.		A. Dee		3. Trans. C			ities Acqui		-	ount of Securities		/ Owned	6.	7. N	Nature of
(Instr. 3)					E	Execution Date, if any		(Instr. 8)		or Dispo (Instr. 3,	()	Following Reported Tra (Instr. 3 and 4)				Ownership Form:	ip Ind		
						Date, if any				(IIISII. 3,		- (msu. 3 and 4)				Direct (D)) Ow	Ownership	
											(A) or						or Indire (I) (Instr.	t (Ins	str. 4)
								Code	V	Amount	(D)	Price					4)		
Common Stock				9/15/20				M		35015	A	\$3.22		1255			D		
Common Stock Common Stock				9/15/20				S S		33000 2015	D D	\$21.26 \$21.31		9258			D D		
				9/13/20	03					2013	D	521.51						Bv	401(k)
Common Stock														962	9		I	Pla	
Common Stock														535′	78		I		mpensation Terral Plan
Common Stock														332	8		I		Custodian Child
Common Stock														332	8		I		Custodian Child
Common Stock														332	8		I		Custodian Child
Common Stock														508	7		I	Ву	Spouse
	Tab	le II - Deri	vativ	e Secu	rities	Bene	ficiall	v Owned	1 (e.	g. , nuts	s. calls.	warrai	nts. o	ptions, conve	rtible sec	urities)			
Title of Derivate	2.	3. Trans.			. Trans			nber of								9. Number	of 10.		11. Nature
Security (Instr. 3)				e, if any Code (Inst		e Deriva r. 8) Securi (A) or (D)				Expiration Date		Deriva	ities Un ative Se . 3 and 4			Securities Beneficiall Owned Following	Securit Direct	of vative rity: ct (D)	of Indirect Beneficial Ownership (Instr. 4)
					Code	V	(A)	(D)		ate xercisable	Expiratio Date	n Title		Amount or Number of Shares		Reported Transactio (Instr. 4)		direct nstr.	
Employee Stock Option (Right to Buy)	\$3.22	9/15/2003			M			35015	6	/1/2003	12/1/200	3 Com Sto		35015	\$0	0])	

Explanation of Responses:

Reporting Owners

reporting Owners									
Reporting Owner Name / Address	Relationships								
Reporting Owner Name / Address	Director	10% Owner		Other					
O BRIANT STONIE R									
100 MISSION RIDGE			Executive Vice President						
GOODLETTSVILLE, TN 37072									

Signatures

/s/ Susan S. Lanigan, by Power of Attorney

9/17/2003

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.