

DOLLAR GENERAL CORP

Reported by **OWEN JEFFERY**

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 04/03/20 for the Period Ending 04/01/20

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. 1	2. Issuer Name and Ticker or Trading Symbol								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
Owen Jeffery					DO	DOLLAR GENERAL CORP [DG]												
(Last) (First) (Middle)				3. 1	3. Date of Earliest Transaction (MM/DD/YYYY)								Director 10% Owner X Officer (give title below) Other (specify below)					
100 MISSION RIDGE						4/1/2020								Chief Operating Officer				
	(Stre	et)			4.]	f An	nendme	nt, Date C)rigi	nal 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	I - No	n-Der	ivati	ve Seci	ırities Ac	quir	ed, Di	sposed o	f, or	Bene	eficially Owne	d			
1.Title of Security (Instr. 3)				2. Trans. Date				3. Trans. Code (Instr. 8)		or Disp	urities Acquired (A) posed of (D) 3, 4 and 5) (A) or nt (D) Price		Fo (In	Following Reported Transaction(s) (Instr. 3 and 4) Following Reported Transaction(s) (Instr. 3 and 4)			7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock				4/1/20	20			F		2580 (1	/	\$153.1	16	2	21194		D	
	Tab	le II - De	rivative	e Secu	rities	Bene	eficially	Owned	(e.g.,	, puts,	calls, wa	rran	ıts, oj	ptions, conver	tible secu	ırities)		
1. Title of Derivate Security (Instr. 3)		Date Ex	3A. Dee Execution Date, if	ution (Inst		Code				6. Date Exercisable and Expiration Date			rities U	Inderlying Security	ing Derivative		Ownership Form of Derivative Security:	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				C	Code	V	(A)	(D)	Date Exe	e rcisable	Expiration Date	Title	Amou Share	unt or Number of		Following Reported Transaction(s) (Instr. 4)	Direct (D) or Indirect (I) (Instr. 4)	

Explanation of Responses:

(1) Shares of common stock surrendered to the Issuer in payment of taxes in connection with the vesting and payment of a portion of performance share units granted March 22, 2017 (550 shares from the vesting of PSUs earned as a result of the Issuer's fiscal year 2017 adjusted EBITDA performance and 999 shares from the vesting of PSUs earned as a result of the Issuer's fiscal years 2017-2019 adjusted ROIC performance), March 21, 2018 (494 shares from the vesting of PSUs earned as a result of the Issuer's fiscal year 2018 adjusted EBITDA performance) and March 20, 2019 (537 shares from the vesting of PSUs earned as a result of the Issuer's fiscal year 2019 adjusted EBITDA performance).

Reporting Owners

Reporting Owner Name / Address	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Owen Jeffery								
100 MISSION RIDGE			Chief Operating Officer					
GOODLETTSVILLE, TN 37072								

Signatures

/s/ Jeffery C. Owen

**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.