Edgar Filing: RITE AID CORP - Form 4

RITE AID C	CORP											
Form 4												
June 30, 201	.4											
FORM			GEGUI				TT A N T			OMB AF	PROVAL	
	UNITED	STATES						GE CO	OMMISSION	OMB	3235-0287	
Check th	is box		vv a	sningto	п, .	D.C. 205	49			Number:	January 31,	
if no long	ger STATEN	μέντ οι	СЦАХ	CES D		DENIFEIA	TAT	OWN	EDSHID OF	Expires:	2005	
subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERS							LENSHIF OF	Estimated average				
Section 1 Form 4 c									burden hours per			
Form 5		rsuant to S	Section 1	6(a) of	the	Securitie	s Fra	hange	Act of 1934,	response	0.5	
obligatio	ons Section 17							-	1935 or Section	h		
may con	unue.					Company				•		
See Instr 1(b).	uction	00(11)	01 010 11			company			~			
1(0).												
(Print or Type]	Responses)											
1. Name and Address of Reporting Person [*] 2. Issuer Name and Ticker or Trading 5. Relationship of F								Reporting Person(s) to				
Thompson	Robert Ivan		Symbol						Issuer			
RITE A				E AID CORP [RAD]					(Check all applicable)			
(Last)	(First) (Middle)	3. Date of	f Earliest	Tra	insaction			(Cheer)	
			(Month/I	h/Day/Year)					Director 10% Owner			
RITE AID CORPORATION, 30 06/27/20				27/2014					XOfficer (give titleOther (specify below) below)			
HUNTER I	LANE								· · · · · · · · · · · · · · · · · · ·	P - Pharmacy		
	(Street)		4 If Ame	endment	Dat	e Original			6 Individual or Io	int/Group Filin	o(Check	
				f Amendment, Date Original d(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line)			
)				_X_Form filed by One Reporting Person			
CAMP HIL	L, PA 17011								Form filed by M Person	ore than One Re	porting	
$(\mathbf{C};\mathbf{t}_{\mathbf{r}})$	(6+-+-)	(7:										
(City)	(State)	(Zip)	Tab	le I - Non	-De	erivative S	ecuriti	es Acqu	iired, Disposed of,	, or Beneficial	ly Owned	
1.Title of	2. Transaction Date			3.		4. Securitie	-		5. Amount of	6.	7. Nature of	
Security	(Month/Day/Year)		Date, if			n(A) or Disp		of (D)	Securities Beneficially	Ownership	Indirect	
(Instr. 3)		•	any (Month/Day/Year)			Code (Instr. 3, 4 and 5) (Instr. 8)				Form: Direct (D) or	Ownership	
		(infolicity)	uj, i cui)	(mour. c	,				Owned Following	Indirect (I)	(Instr. 4)	
							(A)		Reported	(Instr. 4)		
							or		Transaction(s) (Instr. 3 and 4)			
				Code	V	Amount	(D)	Price	(11150.5 and 4)			
Common	06/27/2014			F ⁽¹⁾		118,453	D	\$	639,377	D		
Stock							-	7.18	,	_		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,	;	ate	7. Titl Amou Under Securi (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Addre	SS	Relationships							
	Director	10% Owner	Officer	Other					
Thompson Robert Ivan RITE AID CORPORATION 30 HUNTER LANE CAMP HILL, PA 17011	ſ		EVP - Pharmacy						
Signatures									
/s/ Robert I. Thompson	06/30/2014								
**Signature of	Date								

Explanation of Responses:

* 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).

(1) Shares are being surrendered to satisfy tax withholding obligation with respect to shares on which restrictions are lapsing.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

Reporting Person