FORM 4

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| hours per response: | 0.5 | | | | | | | | |

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|--|---|--|------------------|---|--|---|------------|--|-------------|---|--|----------|---|---|--|--|---|--|--|--|
| Name and Address of Reporting Person* Panattoni Lisa R | | | | | 2. Issuer Name and Ticker or Trading Symbol ROSS STORES INC [ROST] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | | |
| (Last) (First) (Middle) 5130 HACIENDA DRIVE | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/20/2018 | | | | | | | | | | elow) ` | | | (specify) | |
| (Street) DUBLIN CA 94568 (City) (State) (Zip) | | | | | - 4. If - | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | Tabl | e I - No | n-Deri\ | ative/ | Se | curitie | s Acc | quired, | Dis | posed o | f, or | Ben | eficia | ally Ov | vned | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | Exe | | A. Deemed execution Date, any Month/Day/Year) | | Transaction Dispose Code (Instr. 5) | | Disposed | rities Acquired (A) d Of (D) (Instr. 3, 4 | | | nd Se Be Ov | . Amount of ecurities eneficially wned Following eported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | | v | Amount | (, (1 | A) or D) | Price | Tra | Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) | |
| Common Stock 03/20 | | | | | 0/2018 | | | | F | | 18,950 | 0 | D | \$77 | .31 | 138,006 | | D | | |
| | | Та | | | | | | | , | | sed of, onvertib | | | | y Own | ed | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | Execution if any | 3A. Deemed Execution Date, if any (Month/Day/Year) | | 4. Transaction Code (Instr. 8) | | Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Expiration Date Expiration Date Expiration Date Expiration Date | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of Title Shares | | 8. Price Derivati Security (Instr. 5) | y Secu Bene Own Follo Repo | owing orted isaction(s | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |

Explanation of Responses:

/s/ John Call for Lisa Panattoni 03/22/2018

** 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 Number.