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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Check this box if no longer subject to |
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| Section 16. Form 4 or Form 5 |
| obligations may continue. See |
| Instruction 1(b). |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| OMB APF | PROVAL |
|------------|----------------|
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| OMB Number: | 3235-0287 |
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| hours per response: | 0.5 |

| 1. Nume und Address of Reporting reison | | | 2. Issuer Name and Ticker or Trading Symbol <u>ROSS STORES INC</u> [ROST] | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|---|----------------------|----------|---|------------------------|---|--|--|--|--|--|
| | | | | X | Director | 10% Owner | | | | |
| (Last) 5130 HACIEN | (First) NDA DRIVE | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 03/16/2018 | x | Officer (give title below) President, Chief O | Other (specify below) perating Off | | | | |
| (Street) DUBLIN | СА | 94568 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indiv Line) X | idual or Joint/Group Filin Form filed by One Re Form filed by More that | 1 0 | | | | |
| (City) | (State) | (Zip) | | | Person | an One Reporting | | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transa Code (8) | | 4. Securities A Disposed Of (| | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---------------------------------|--|---|------------------------------|---|----------------------------------|---------------|-------------------|---|---|---|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | |
| Common Stock | 03/16/2018 | | A | | 80,275 ⁽¹⁾ | A | \$ <mark>0</mark> | 527,687 | D | |
| Common Stock | 03/16/2018 | | F | | 11,940 | D | \$76.75 | 515,747 | D | |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 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. Transa Code (8) | | 5. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instr and 5 | ative rities ired osed . 3, 4 | Expiration Date (Month/Day/Year) ed | | 7. Title Amour Securi Underl Deriva Securi and 4) | nt of ties ying tive ty (Instr. 3 | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---|---|--|---|------------------------------|---|--|---|---|--------------------|---|---|---|--|--|--|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

1. Shares issued pursuant to settlement of a performance share award under the terms of the 2008 Equity Incentive Plan. Shares become vested as follows: 24,084 shares vest as of March 16, 2018, 24,082 shares vest as of March 12, 2019, and 32,109 shares vest as of March 13, 2020.

| <u>/s/John Call for Michael</u> |
|---------------------------------|
| O'Sullivan |

03/20/2018

** 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.