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OMB APPROVAL
OMB Number 3235-0145
Expires: December 31, 1997
Estimated average burden
hours per response...14.90

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

SCHEDULE 13G

Under the Securities Exchange Act of 1934 (Amendment No. 1)  $^\star$ 

Ross Stores, Inc.

(Name of Issuer)
Common Stock

(Title of Class of Securities)
778296103

(CUSIP Number)

Check here if a fee is being paid with this statement: . (A fee is not required only if the filing person: (1) has a previous statement on file reporting beneficial ownership of more than five percent of the class of securities described in Item 1; and (2) has filed no amendment subsequent thereto reporting beneficial ownership of five percent or less of such class.) (See Rule 13d-7).

\*The remainder of this cover page shall be filled out for a reporting person's initial filing on this form with respect to the subject class of securities, and for any subsequent amendment containing information which would alter the disclosures provided in a prior cover page.

The information required in the remainder of this cover page shall not be deemed to be "filed" for the purpose of Section 18 of the Securities Exchange Act of 1934 ("Act") or otherwise subject to the liabilities of that section of the Act but shall be subject to all other provisions of the Act (however, see the Notes).

PAGE 1 OF 9 PAGES

CUSIP No. 778296103

Page 2 of 9 Pages

| 1             | NAME OF REPORTING S.S. OR I.R.S.                                      | IG PERSON<br>DENTIFICATION NO. OF ABOVE PERSON       |                   |  |  |  |  |
|---------------|---|--|-------------------|--|--|--|--|
|               | John Hancock Mut<br>I.R.S. No. 04-14                                  | ual Life Insurance Company                           |                   |  |  |  |  |
| 2             | CHECK THE APPRO   | PRIATE BOX IF A MEMBER OF A GROUP*                   | (a)  _            |  |  |  |  |
|               | N/A   |  | (b)  _            |  |  |  |  |
| 3             | SEC USE ONLY  |  |                   |  |  |  |  |
| 4             | CITIZENSHIP OR I  | PLACE OF ORGANIZATION                                |                   |  |  |  |  |
|               | Commonwealth of   | Massachusetts  |                   |  |  |  |  |
|               |   | SOLE VOTING POWER                                    |                   |  |  |  |  |
| Numbe<br>Shar |   | -0-  |                   |  |  |  |  |
| Benefic       | -   | SHARED VOTING POWER                                  |                   |  |  |  |  |
| Owned<br>Eac  | -   | -0-  |                   |  |  |  |  |
| Dono          | <br>rting 7   | SOLE DISPOSITIVE POWER                               |                   |  |  |  |  |
| Pers<br>Wit   | on  | -0-  |                   |  |  |  |  |
|               | 8   | SHARED DISPOSITIVE POWER                             |                   |  |  |  |  |
|               |   | -0-  |                   |  |  |  |  |
| 9             | AGGREGATE AMOUNT  | BENEFICIALLY OWNED BY EACH REPORTING PER             | RSON              |  |  |  |  |
|               | None, except t  | ·  |                   |  |  |  |  |
| 10            | CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES* |  |                   |  |  |  |  |
|               | N/A   |  |                   |  |  |  |  |
| 11            | PERCENT OF CLASS  | REPRESENTED BY AMOUNT IN ROW 9                       |                   |  |  |  |  |
|               | See line 9, abov  | re.  |                   |  |  |  |  |
| 12            | TYPE OF REPORTIN  |  |                   |  |  |  |  |
|               | IC, BD, IA, HC  |  |                   |  |  |  |  |
|               | *SEE  | E INSTRUCTIONS BEFORE FILLING OUT! PAGE 2 OF 9 PAGES |                   |  |  |  |  |
|               |   |  |                   |  |  |  |  |
|               | 778296103   | 13G Page 3   | of 9 Pages        |  |  |  |  |
| 1             | NAME OF REPORTING S.S. OR I.R.S.                                      | IG PERSON<br>DENTIFICATION NO. OF ABOVE PERSON       |                   |  |  |  |  |
|               | John Hancock Sub<br>I.R.S. No. 04-26                                  |  |                   |  |  |  |  |
| 2             | CHECK THE APPRO   | PRIATE BOX IF A MEMBER OF A GROUP*                   | (a)  _ <br>(b)  _ |  |  |  |  |

|                 | N/A                     |         |                        |                 |             |           |          |     |           |
|-----------------|-------------------------|---------|------------------------|-----------------|-------------|-----------|----------|-----|-----------|
| 3               | SEC USE ON              | <br>LY  |                        |                 |             |           |          |     |           |
| 4               | CITIZENSHI              | P OR PL | ACE OF ORGAN           | IZATION         |             |           |          |     |           |
|                 | Delaware                |         |                        |                 |             |           |          |     |           |
|                 |                         | 5       | SOLE VOTING            |                 |             |           |          |     |           |
| Number<br>Share |                         |         | -0-                    |                 |             |           |          |     |           |
|                 | -                       |         |                        |                 |             |           |          |     |           |
| Owned by        |                         | 6       | SHARED VOTIN           | NG POWER        |             |           |          |     |           |
| Each            | h                       |         | -0-                    |                 |             |           |          |     |           |
| Report          | ting                    | <br>7   | SOLE DISPOSE           | <br>ITIVE POWER | <br>R       |           |          |     |           |
| Person<br>With  |                         |         | -0-                    |                 |             |           |          |     |           |
|                 | _                       |         |                        |                 |             |           |          |     |           |
|                 |                         | 8       | SHARED DISPO           | OSITIVE POW     | <i>I</i> ER |           |          |     |           |
|                 |                         |         | -0-                    |                 |             |           |          |     |           |
| 9               | AGGREGATE               | AMOUNT  | BENEFICIALLY           | OWNED BY E      | EACH REPO   | <br>RTING | PERSON   |     |           |
|                 | None, exc<br>Hancock Ad |         |                        |                 |             |           |          |     | John      |
| 10              | CHECK BOX               |         | AGGREGATE AMO          | OUNT IN ROW     |             |           |          |     | ·<br>RES* |
|                 | N/A                     |         |                        |                 |             |           |          |     |           |
| 11              | PERCENT OF              | CLASS   | REPRESENTED E          | BY AMOUNT I     | IN ROW 9    |           |          |     |           |
|                 | See line 9              | , above |                        |                 |             |           |          |     |           |
| 12              | TYPE OF RE              | PORTING |                        |                 |             |           |          |     |           |
|                 | HC                      |         |                        |                 |             |           |          |     |           |
|                 |                         | *SEE    | INSTRUCTIONS PAGE 3 (  |                 |             | !         |          |     |           |
|                 |                         |         |                        |                 |             |           |          |     |           |
| CUSIP No.       | 77829610                | 3       |                        | 13G             |             | Page      | 4 of     | 9 P | ages      |
|                 |                         |         |                        |                 |             |           |          |     |           |
| 1               | NAME OF RES.S. OR I.    |         | PERSON<br>ENTIFICATION | NO. OF ABO      | OVE PERSO   | N         |          |     |           |
|                 | John Hanco              |         | t Management<br>279774 |                 |             |           |          |     |           |
| 2               | CHECK THE               | APPROPR | IATE BOX IF A          | A MEMBER OF     | A GROUP     | *         | <b>_</b> |     | _         |
|                 | N/A                     |         |                        |                 |             |           |          | (b) | '_'       |
| 3               | SEC USE ON              | LY      |                        |                 |             |           |          |     |           |
| 4               | CITIZENSHI              | P OR PL | ACE OF ORGAN           | <br>IZATION     |             |           |          |     |           |
|                 | Commonweal              | th of M | lassachusetts          |                 |             |           |          |     |           |

| Share                  | r of<br>es   |  | -0-   |                   |
|------------------------|--|--|---|-------------------|
| Benefic                |  | 6  | SHARED VOTING POWER   |                   |
|                        | Owned by<br>Each   |  | -0-   |                   |
| Report                 | -  | 7  | SOLE DISPOSITIVE POWER  |                   |
| Perso<br>With          | With   |  | -0-   |                   |
|                        |  | 8  | SHARED DISPOSITIVE POWER  |                   |
|                        |  |  | -0-   |                   |
| 9                      | AGGREGATE  | AMOUNT   | BENEFICIALLY OWNED BY EACH REPORTING PERSON   |                   |
|                        | None, ex<br>Hancock A  | -  | nrough its indirect, wholly-owned subsidia, Inc.  | ry, John          |
| 10                     | CHECK BOX  | IF THE   | AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN  | SHARES*           |
|                        | N/A  |  |   |                   |
| 11                     | PERCENT C  | F CLASS  | REPRESENTED BY AMOUNT IN ROW 9  |                   |
|                        | See line   | 9, above   | e.  |                   |
| 12                     | TYPE OF F  | REPORTING  |   |                   |
|                        | HC   |  |   |                   |
|                        |  |  | PAGE 4 OF 9 PAGES   |                   |
| CUSIP No.              | 7782961  | <br>03<br>   | PAGE 4 OF 9 PAGES   13G Page 5 of   | <br>9 Pages       |
| CUSIP No.              | NAME OF F  | EPORTING   | 13G Page 5 of<br>   | 9 Pages           |
|                        | NAME OF F  | REPORTING  REPORTING  REPORTING  REPORTING  REPORTING                                    | 13G Page 5 of  G PERSON DENTIFICATION NO. OF ABOVE PERSON ancial Group 45626  |                   |
|                        | NAME OF F<br>S.S. OR I<br>The Berke<br>I.R.S. No   | REPORTING<br>R.R.S. II   | 13G Page 5 of G PERSON DENTIFICATION NO. OF ABOVE PERSON ancial Group   |                   |
| 1                      | NAME OF F<br>S.S. OR I<br>The Berke<br>I.R.S. No<br>CHECK THE  | REPORTING R.S. II  | 13G Page 5 of  G PERSON DENTIFICATION NO. OF ABOVE PERSON ancial Group 45626  | (a)  _ <br>(b)  _ |
| 1                      | NAME OF F<br>S.S. OR I<br>The Berke<br>I.R.S. No   | REPORTING R.S. II  | 13G Page 5 of  G PERSON DENTIFICATION NO. OF ABOVE PERSON  ancial Group 45626  RIATE BOX IF A MEMBER OF A GROUP*  | (a)  _ <br>(b)  _ |
| 1                      | NAME OF F<br>S.S. OR I<br>The Berke<br>I.R.S. No<br>CHECK THE<br>N/A                                       | REPORTING  R.S. II  Rley Fina  O 04-31   | 13G Page 5 of  G PERSON DENTIFICATION NO. OF ABOVE PERSON  ancial Group 45626  RIATE BOX IF A MEMBER OF A GROUP*  | (a)  _ <br>(b)  _ |
| 1 23 3                 | NAME OF F<br>S.S. OR I<br>The Berke<br>I.R.S. No<br>CHECK THE<br>N/A<br>SEC USE O                          | EPORTING REPORTING REPORTING REPORTING REPORTING REPORTING REPORTING REPORTING REPORTING | 13G Page 5 of  G PERSON DENTIFICATION NO. OF ABOVE PERSON  ancial Group 45626  RIATE BOX IF A MEMBER OF A GROUP*  LACE OF ORGANIZATION  Massachusetts                         | (a)  _ <br>(b)  _ |
| 1                      | NAME OF F<br>S.S. OR I<br>The Berke<br>I.R.S. No<br>CHECK THE<br>N/A<br>SEC USE O                          | EPORTING REPORTING REPORTING REPORTING REPORTING REPORTING REPORTING REPORTING REPORTING | 13G Page 5 of  G PERSON DENTIFICATION NO. OF ABOVE PERSON  ancial Group 45626  RIATE BOX IF A MEMBER OF A GROUP*  | (a)  _ <br>(b)  _ |
| 1 23 3                 | NAME OF F S.S. OR I The Berke I.R.S. No CHECK THE N/A SEC USE C CITIZENSE Commonwea                        | EPORTING REPORTING REPORTING REPORTING REPORTING REPORTING REPORTING REPORTING REPORTING | 13G Page 5 of G PERSON DENTIFICATION NO. OF ABOVE PERSON ancial Group 45626 RIATE BOX IF A MEMBER OF A GROUP*  LACE OF ORGANIZATION Massachusetts                             | (a)  _ <br>(b)  _ |
| 1 2 2 3 4 Numbe:       | NAME OF F S.S. OR I The Berke I.R.S. No CHECK THE N/A SEC USE C CITIZENSE Commonwea                        | EPORTING R.S. II Eley Fina D. 04-31 CAPPROPI   | 13G Page 5 of  G PERSON DENTIFICATION NO. OF ABOVE PERSON  ancial Group 45626  RIATE BOX IF A MEMBER OF A GROUP*  LACE OF ORGANIZATION  Massachusetts  SOLE VOTING POWER      | (a)  _ <br>(b)  _ |
| 1 2 2 3 4 Number Share | NAME OF F S.S. OR I  The Berke I.R.S. No CHECK THE N/A  SEC USE C  CITIZENSE  Commonwea  r of es  ially by | EPORTING R.S. II Eley Fina D. 04-31 CAPPROPI   | 13G Page 5 of  G PERSON DENTIFICATION NO. OF ABOVE PERSON  ancial Group 45626  RIATE BOX IF A MEMBER OF A GROUP*  LACE OF ORGANIZATION  Massachusetts  SOLE VOTING POWER  -0- | (a)  _ <br>(b)  _ |

.h -0-

## -----

8 SHARED DISPOSITIVE POWER

-0-

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9 AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON

None, except through its direct, wholly-owned subsidiary, John Hancock Advisers, Inc.

\_\_\_\_\_

10 CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES\*

N/A

- ------

11 PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9

See line 9, above.

\_ \_\_\_\_\_\_

12 TYPE OF REPORTING PERSON\*

HC

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## \*SEE INSTRUCTIONS BEFORE FILLING OUT! PAGE 5 OF 9 PAGES

The original statement shall be signed by each person on whose behalf the statement is filed or his authorized representative. If the statement is signed on behalf of a person by his authorized representative other than an executive officer or general partner of the filing person, evidence of the representative's authority to sign on behalf of such person shall be filed with the statement, provided, however, that a power of attorney for this purpose which is already on file with the Commission may be incorporated by reference. The name and any title of each person who signs the statement shall be typed or printed beneath his signature.

Note: Six copies of this statement, including all exhibits, should be filed with the Commission.

Attention: Intentional misstatements or omissions of fact constitute Federal criminal violations (See  $18\ U.S.C.\ 1001$ )

- Item 1(b) Address of Issuer's Principal Executive Offices:
   8333 Central Avenue
   Newark, CA 94560
- Item 2(a)

  Name of Person Filing:
  This filing is made on behalf of John Hancock Mutual Life
  Insurance Company ("JHMLICO"), JHMLICO's direct,
  wholly-owned subsidiary, John Hancock Subsidiaries, Inc.
  ("JHSI"), JHSI's direct, wholly-owned subsidiary, John
  Hancock Asset Management ("JHAM"), and JHAM's wholly-owned
  subsidiary, The Berkeley Financial Group ("TBFG").
- Item 2(b)

  Address of the Principal Offices:

  The principal business offices of JHMLICO, JHSI and JHAM are located at John Hancock Place, P.O. Box 111, Boston, MA 02117. The principal business office of TBFG is located at 101 Huntington Avenue, Boston, Massachusetts 02199.
- Item 2(c) Citizenship:
   JHMLICO, JHAM and TBFG were organized and exist under the
   laws of the Commonwealth of Massachusetts. JHSI was
   organized and exists under the laws of the State of
   Delaware.

- Item 2(d) Title of Class of Securities: Common Stock CUSIP Number: Item 2(e) 778296103 Ttem 3 If the Statement is being filed pursuant to Rule 13d-1(b), or 13d-2(b), check whether the person filing is a: JHMLICO: (a) (X) Broker or Dealer registered under ss.15 of the Act. (c) (X) Insurance Company as defined in ss.3(a)(19) of the Act. Investment Adviser registered under (e) (X) ss.203 of the Investment Advisers Act of 1940. Parent Holding Company, in accordance (g) (X) with ss.240.13d-1(b)(ii)(G). PAGE 6 OF 9 PAGES JHST: Parent Holding Company, in accordance (q) (X) with ss.240.13d-1(b)(ii)(G). Parent Holding Company, in accordance JHAM: (q) (X) with ss.240.13d-1(b)(ii)(G). TBFG: (g) (X) Parent Holding Company, in accordance with ss.240.13d-1(b)(ii)(G). JHA: (e) (X) Investment Adviser registered under ss.203 of the Investment Advisers Act of 1940. Item 4 Ownership: (a) Amount Beneficially Owned: With this filing, JHA reports that it holds 0 shares of Common Stock. (b) Percent of Class: (i) sole power to vote or to direct the vote: -0-(C) (ii) shared power to vote or to direct the vote: -0-(iii) sole power to dispose or to direct the disposition of: -0-(iv) shared power to dispose or to direct the disposition of: -0-Item 5 Ownership of Five Percent or Less of a Class: With this filing, the Reporting Persons state that they own five percent or less of Common Stock. Ownership of More than Five Percent on Behalf of Another Item 6 Person:
- Item 7 Identification and Classification of the Subsidiary which Acquired the Security Being Reported on by the Parent Holding Company:

  See Items 3 and 4 above.

See Item 4.

Item 10 Certification:

By signing below the undersigned certifies that, to the best of its knowledge and belief, the securities referred to above were acquired in the ordinary course of business and were not acquired for the purpose of and do not have the effect of changing or influencing the control of the issuer of such securities and were not acquired in connection with or as a participant in any transaction having such purpose or effect.

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## SIGNATURE

After reasonable inquiry and to the best of its knowledge and belief, each of the undersigned certifies that the information set forth in this statement is true, complete and correct.

John Hancock Mutual Life Insurance Company

By: /s/ John T. Farady Name: John T. Farady

Dated: January 15, 1997 Title: Senior Vice President & Treasurer

John Hancock Subsidiaries, Inc. By: /s/ John T. Farady Name: John T. Farady

Dated: January 15, 1997 Title: Treasurer

John Hancock Asset Management By: /s/ James H. Young Name: James H. Young

Dated: January 15, 1997 Title: Secretary

The Berkeley Financial Group By: /s/ Susan S. Newton Name: Susan S. Newton

Dated: January 15, 1997 Title: Vice President

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EXHIBIT A

## JOINT FILING AGREEMENT

John Hancock Mutual Life Insurance Company, John Hancock Subsidiaries, Inc., John Hancock Asset Management and The Berkeley Financial Group agree that the terminating Schedule 13G (Amendment No. 1), to which this Agreement is attached, relating to the Common Stock of Ross Stores, Inc. is filed on behalf of each of them.

John Hancock Mutual Life Insurance Company

By: /s/ John T. Farady Name: John T. Farady

Dated: January 15, 1997 Title: Senior Vice President & Treasurer

John Hancock Subsidiaries, Inc.

By: /s/ John T. Farady
Name: John T. Farady Name: John T. Farady Title: Treasurer

Dated: January 15, 1997

John Hancock Asset Management By: /s/ James H. Young Name: James H. Young

Title: Secretary Dated: January 15, 1997

The Berkeley Financial Group By: /s/ Susan S. Newton Name: Susan S. Newton

Title: Vice President Dated: January 15, 1997

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