FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|--|
| OMB Number: 3235-028 | | | | | | | | |
| Estimated average burden | | | | | | | | |
| hours per response: | 0.5 | | | | | | | |

Check this box if no longer subject to 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

| Name and Address of Reporting Person* GLUCK BARRY S | | | 2. Issuer Name and Ticker or Trading Symbol ROSS STORES INC [ROST] | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | | | |
|---|---|--|--|-------------------------------|---|---------|-----------------------------------|--------------------------------|-------------------------------|------------------------|---|-----------------|---|--|--|-----------------------------------|--|-------------------------|
| (Last) (First) (Middle) 8333 CENTRAL AVE | | | | | 3. Date of Earliest Transaction (Month/Day/Year) $10/15/2003$ | | | | | | | | X | | er (give title | | Other (s below) | |
| (Street) NEWARK CA 94560 | | | | 4. If A | 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 | | | | | n |
| (City) | (Sta | <u> </u> | ip) | | Person | | | | | | | | | | | | | |
| Table I - Non-Deriv. 1. Title of Security (Instr. 3) 2. Transactio Date ((Month/Day/N | | | | n 2A. Deemed Execution Date, | | | 3. Transaction Code (Instr. | | 4. Securiti Disposed 5) | es Acquire | ed (A) |) or 5. Am | | es | 6. Ownership Form: Direct (D) or | | 7. Nature of Indirect Beneficial | |
| | | | | (M | lonth/[| Day/Yea | ır) | 8) Code | v | Amount | (A) or (D) | Price | | Owned Followin Reported Transact (Instr. 3 | d tion(s) | Indired (Instr. | | Ownership Instr. 4) |
| COMMON STOCK | | | 10/15/20 | 03 | | | | M | | 5,000 | A \$2 | | .0625 | 101,213 | | I | | |
| COMMON STOCK | | | 10/15/20 | 003 | | | | S | | 5,000 | D | \$52. | .7564 96 | | 213 | D | | |
| COMMON STOCK | | | | | | | | | | | | | | 9 | 12 | 1 | | BY FRUST |
| COMMON STOCK | | | | | | | | | | | | | 9 | 13 |] | I : | BY TRUST | |
| | | | Table II - Deri (e.g. | | | | | | | posed of, convertib | | | y Ow | ned | | | | |
| 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 (I 8) | | | ive ies ed ed | 6. Date Expirati (Month/ | on D | | 7. Title and An of Securities Underlying Derivative Sec (Instr. 3 and 4) | | rity | 3. Price of Derivative Security (Instr. 5) | 9. Number derivative Securitie Beneficia Owned Followin Reported Transact (Instr. 4) | e () es I ally I g d ion(s) | 10. Ownership Form: Direct (D) or Indirec (I) (Instr. 4) | Beneficial Ownership |
| | | | | Code | v | (A) (D) |) | Date Exercisa | able | Expiration Date | Title | or Nui of | ount mber ares | | | | | |
| NON- QUALIFIED STOCK OPTIONS | \$22.0625 | 10/15/2003 | | M | | 5,0 | 000 | (1) | | 03/16/2010 | COMMOI STOCK | | 000 | \$0 | 11,00 | 00 | D | |

Explanation of Responses:

1. Option is fully vested and exercisable.

/s/BARRY GLUCK SENIOR
VP AND GMM

** Signature of Reporting Person

10/15/2003

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.