FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| 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

| 1. Name and Address of Reporting Person* RENTLER BARBARA | | | | | | 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) 5130 HA | (Fire | , | (Middle) | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/16/2015 | | | | | | | | | X Officer (give title below) | | | Other (specify below) | | |
| (Street) DUBLIN (City) | CA (Sta | | 4568 Zip) | 3 | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | dividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | |
| Dat | | | | 2. Transaction Date (Month/Day/ | Year) if | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5) | | | | , 4 and See Be | | Amount of ecurities eneficially wned | | vnership n: Direct r ect (I) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | Code | v | Amount | (A) or (D) | | Price | | Following Reported Transaction(s) (Instr. 3 and 4) | | (Instr. 4) | | (Instr. 4) | | |
| Common | 03/16/2015 | | | | A | | 70,871(1 | 1) | A | \$ <mark>0</mark> | | 449,800 | | | D | | | | | | |
| Common Stock 03/16 | | | | |)15 | | | | F | | 10,520 | | D | \$106.85 | | 85 439,280 | | D | | | |
| Common Stock 03/ | | | | 03/17/20 |)15 | | | | F | | 76,764 | | D | \$106.38 | | 8 362,516 | | | 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) | e Conversion or Exercise (Month/Day/Year) Frice of Derivative Security Execution Date, if any C (Month/Day/Year) 8 | | 4. Transac Code (II 8) | (Instr. Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date | | | | 7. Title and Amount of Securities Underlying Derivative Security (Instra 3 and 4) Amount or Numb of Share | | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ov Fo Di or (I) 4) | wnership orm: irect (D) r Indirect) (Instr. | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |

Explanation of Responses:

1. Shares issued pursuant to the settlement of a performance share award under the terms of the 2008 Equity Incentive Plan. Shares vest 30% on settlement date of March 16, 2015, 30% on March 16, 2016 and 40% on March 16, 2017.

/s/John Call for Barbara Rentler 03/18/2015

** 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.