#### Edgar Filing: Bodaken Bruce G. - Form 4

Dedelsen Den

| Form 4                                                                                                                         |                                         |                                                                                                                                                                                                                                                                    |          |                                                  |               |                                            |         |            |                                                                                                                                                                                         |                                                                                  |                                                                   |  |
|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------------------------------------------|---------------|--------------------------------------------|---------|------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|-------------------------------------------------------------------|--|
| February 22, 2019<br>FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMM<br>Washington, D.C. 20549                               |                                         |                                                                                                                                                                                                                                                                    |          |                                                  |               |                                            |         | OMMISSION  | OMB AF<br>OMB<br>Number:                                                                                                                                                                | PROVAL<br>3235-0287                                                              |                                                                   |  |
| Check th<br>if no long<br>subject to<br>Section 1<br>Form 4 o<br>Form 5<br>obligatio<br>may cont<br><i>See</i> Instru<br>1(b). | 6.<br>r<br>Filed pu<br>ns<br>Section 17 | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF<br>SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,<br>Section 17(a) of the Public Utility Holding Company Act of 1935 or Section<br>20(b) of the Investment Company Act of 1940 |          |                                                  |               |                                            |         |            |                                                                                                                                                                                         | Expires: January 3<br>200<br>Estimated average<br>burden hours per<br>response 0 |                                                                   |  |
| (Print or Type I                                                                                                               | Responses)                              |                                                                                                                                                                                                                                                                    |          |                                                  |               |                                            |         |            |                                                                                                                                                                                         |                                                                                  |                                                                   |  |
| Bodaken Bruce G. Symbol                                                                                                        |                                         |                                                                                                                                                                                                                                                                    |          | i i i i i i i i i i i i i i i i i i i            |               |                                            |         |            | 5. Relationship of Reporting Person(s) to<br>Issuer                                                                                                                                     |                                                                                  |                                                                   |  |
| (Last)<br>C/O RITE A<br>HUNTER L                                                                                               | (First)<br>AID CORPORA<br>ANE           | (Middle)                                                                                                                                                                                                                                                           |          | f Earliest Tr<br>Day/Year)<br>019                | ransa         | ction                                      |         |            | (Check<br>X_ Director<br>Officer (give t<br>below)                                                                                                                                      |                                                                                  | )<br>Owner<br>r (specify                                          |  |
| Filed(Mor                                                                                                                      |                                         |                                                                                                                                                                                                                                                                    |          | endment, Date Original<br>onth/Day/Year)         |               |                                            |         |            | <ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul> |                                                                                  |                                                                   |  |
| CAMP HIL                                                                                                                       | L, PA 17011                             |                                                                                                                                                                                                                                                                    |          |                                                  |               |                                            |         |            | Person                                                                                                                                                                                  |                                                                                  | portung                                                           |  |
| (City)                                                                                                                         | (State)                                 | (Zip)                                                                                                                                                                                                                                                              | Tab      | le I - Non-I                                     | Deriv         | ative S                                    | ecuriti | es Acqu    | ired, Disposed of                                                                                                                                                                       | , or Beneficial                                                                  | y Owned                                                           |  |
| 1.Title of<br>Security<br>(Instr. 3)                                                                                           | 2. Transaction Da<br>(Month/Day/Year    |                                                                                                                                                                                                                                                                    | Date, if | 3.<br>Transactio<br>Code<br>(Instr. 8)<br>Code V | on(A)<br>(Ins | Securitie<br>or Disp<br>str. 3, 4<br>mount | posed c | of (D)     | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 3 and 4)                                                                      | 6.<br>Ownership<br>Form: Direct<br>(D) or<br>Indirect (I)<br>(Instr. 4)          | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |
| Common<br>Stock                                                                                                                | 02/20/2019                              |                                                                                                                                                                                                                                                                    |          | А                                                | 15            | 5,844                                      | А       | \$<br>0.77 | 285,120                                                                                                                                                                                 | D                                                                                |                                                                   |  |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

### Reporting Owners

### Edgar Filing: Bodaken Bruce G. - Form 4

| 1. Title of | 2.          | 3. Transaction Date | 3A. Deemed         | 4.         | 5.         | 6. Date Exerc | cisable and | 7. Titl | e and    | 8. Price of | 9. Nu  |
|-------------|-------------|---------------------|--------------------|------------|------------|---------------|-------------|---------|----------|-------------|--------|
| Derivative  | Conversion  | (Month/Day/Year)    | Execution Date, if | Transactio | Number     | Expiration D  | ate         | Amou    | nt of    | Derivative  | Deriv  |
| Security    | or Exercise |                     | any                | Code       | of         | (Month/Day/   | Year)       | Under   | lying    | Security    | Secu   |
| (Instr. 3)  | Price of    |                     | (Month/Day/Year)   | (Instr. 8) | Derivative | e             |             | Securi  | ities    | (Instr. 5)  | Bene   |
|             | Derivative  |                     |                    |            | Securities |               |             | (Instr. | 3 and 4) |             | Owne   |
|             | Security    |                     |                    |            | Acquired   |               |             |         |          |             | Follo  |
|             | -           |                     |                    |            | (A) or     |               |             |         |          |             | Repo   |
|             |             |                     |                    |            | Disposed   |               |             |         |          |             | Trans  |
|             |             |                     |                    |            | of (D)     |               |             |         |          |             | (Instr |
|             |             |                     |                    |            | (Instr. 3, |               |             |         |          |             |        |
|             |             |                     |                    |            | 4, and 5)  |               |             |         |          |             |        |
|             |             |                     |                    |            |            |               |             |         |          |             |        |
|             |             |                     |                    |            |            |               |             |         | Amount   |             |        |
|             |             |                     |                    |            |            | Date          | Expiration  |         | or       |             |        |
|             |             |                     |                    |            |            | Exercisable   | Date        | Title   | Number   |             |        |
|             |             |                     |                    |            |            |               |             |         | of       |             |        |
|             |             |                     |                    | Code V     | (A) (D)    |               |             |         | Shares   |             |        |
|             |             |                     |                    |            |            |               |             |         |          |             |        |

# **Reporting Owners**

| Reporting Owner Name / Addre                                                      |                            | Relationships |           |         |       |  |  |  |  |
|-----------------------------------------------------------------------------------|----------------------------|---------------|-----------|---------|-------|--|--|--|--|
| reporting officer runner run                                                      | <b>u u u u u u u u u u</b> | Director      | 10% Owner | Officer | Other |  |  |  |  |
| Bodaken Bruce G.<br>C/O RITE AID CORPORA<br>30 HUNTER LANE<br>CAMP HILL, PA 17011 | TION                       | Х             |           |         |       |  |  |  |  |
| Signatures                                                                        |                            |               |           |         |       |  |  |  |  |
| /s/ Bruce<br>Bodaken                                                              | 02/22/                     | /2019         |           |         |       |  |  |  |  |
| <u>**</u> Signature of<br>Reporting Person                                        | Dat                        | e             |           |         |       |  |  |  |  |

## **Explanation of Responses:**

\* 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. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.