Edgar Filing: MILLER ROBERT GERALD - Form 4

| MILLER RC Form 4 February 25, | DBERT GERA | LD | | | | | | | | | | |
|--|---|-----------------------|---|-----------|--------------|---|------------------------|---------------------|--|---|---|--|
| FORM | 14 | | | | | | | | | OMB AF | PPROVAL | |
| | UNITE | CD STATES | | | | ND EXCI D.C. 2054 | | GE C | OMMISSION | OMB Number: | 3235-0287 | |
| Check this box if no longer | | | | | | | Expires: | January 31, 2005 | | | | |
| subject to STATEMENT OF CHANGES IN BENEFICIAL OV Section 16. SECURITIES | | | | | OWN | NERSHIP OF | Estimated a burden hou | iverage rs per | | | | |
| Form 4 o Form 5 | Form 4 or Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, | | | | | | | Act of 1934 | response 0.5 | | | |
| obligation | ns Section | L | | | | | | 0 | 1935 or Section | ı | | |
| may cont <i>See</i> Instru 1(b). | inue. | | | • | | Company | • | | | - | | |
| (Print or Type I | Responses) | | | | | | | | | | | |
| 1. Name and Address of Reporting Person <u>*</u> MILLER ROBERT GERALD | | | 2. Issuer Name and Ticker or Trading Symbol | | | | | | 5. Relationship of Reporting Person(s) to Issuer | | | |
| | | | RITE AID CORP [RAD] | | | | | | (Check all applicable) | | | |
| (Last) (First) (Middle) | | | 3. Date of Earliest Transaction | | | | | | | | | |
| | | | (Month/E 02/22/2 | - | r) | | | | XDirector Officer (give below) | | Owner er (specify | |
| | (Street) | | 4. If Ame | ndment | , Dat | e Original | | | 6. Individual or Jo | int/Group Filin | g(Check | |
| Filed | | | | nth/Day/Y | Year) | | | | Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| (City) | (State) | (Zip) | Tabl | e I - No | n-De | erivative Se | curiti | es Acai | uired, Disposed of | or Beneficial | lv Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction I (Month/Day/Ye | ear) Execution any | | 3. | action 8) | 4. Securitie n(A) or Disp (Instr. 3, 4) | es Acqu oosed c | uired of (D) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| Common Stock | 02/22/2010 | | | G | V | 270,000 | D | \$0 | 309,578 | 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)

| 1. Title of | 2. | 3. Transaction Date | 34 Deemed | 4. | 5. | | 6. Date Exer | cisable and | 7 Tit | le and | 8. Price of | 9. Nu |
|-------------|-------------|---------------------|------------------|-------------------|-------|--------|-----------------|-------------|--------|------------|-------------|---------|
| Derivative | | (Month/Day/Year) | | | | har | | | | int of | Derivative | Deriv |
| | Conversion | (Monul/Day/Tear) | · · · | TransactionNumber | | Der | Expiration Date | | | | | |
| Security | or Exercise | | any | Code | of | | (Month/Day/ | (Year) | | rlying | Security | Secu |
| (Instr. 3) | Price of | | (Month/Day/Year) | (Instr. 8) | Deriv | vative | e | | Secur | rities | (Instr. 5) | Bene |
| | Derivative | | | | Secu | rities | | | (Instr | . 3 and 4) | | Owne |
| | Security | | | | Acqu | ired | | | | | | Follo |
| | | | | | (A) c | or | | | | | | Repo |
| | | | | | Disp | | | | | | | Trans |
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| | | | | | 4, an | u 5) | | | | | | |
| | | | | Code V | / (A) | (D) | Date | Expiration | Title | Amount | | |
| | | | | | . , | . , | Exercisable | Date | | or | | |
| | | | | | | | Literensuble | Dutt | | Number | | |
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Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | | |
|--|---------------|-----------|---------------|--|--|--|--|--|
| | Director | 10% Owner | Officer Other | | | | | |
| MILLER ROBERT GERALD | | | | | | | | |
| | Х | | | | | | | |
| Signatures | | | | | | | | |
| Robert G. Miller, by Power of Attorney | 02/25/2010 | | | | | | | |
| **Signature of Reporting Person | | Date | | | | | | |

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.