FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

gton, D.C. 20549 OMB APPROVAL

 •	
OMB Number:	3235-0287
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## 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* FADEL MITCHELL E						2. Issuer Name <b>and</b> Ticker or Trading Symbol RENT A CENTER INC DE [ RCII ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owne						
(Last) (First) (Middle) 5501 HEADQUARTERS DRIVE						3. Date of Earliest Transaction (Month/Day/Year) 04/28/2014								X Officer (give title below)  President and COO					pecify	
						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable						
(Street) PLANO TX 75024														Line)		led by One Reporting Person				
	1.		75024		_									21	Form filed by More than One Reporting					
(City)	(S	tate)	(Zip)												Person					
		Tal	ble I - No	on-Der	ivativ	/e S	ecur	ities Ac	quirec	l, Di	sposed o	f, or Ber	nefici	ally (	Owned					
Date				Date	2. Transaction Date Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4		(A) or 3, 4 and	and 5) Securition  Benefici  Owned I		es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D)	Price		Reported Transact (Instr. 3	ion(s)			(Instr. 4)	
Common				04/28/2014					М		20,459	A	\$15	15.37 8		36,259		D		
Common				04/28/2014		4			М		14,049	A	\$19	9.7	100	,308		D		
Common 04				04/28	3/2014	4			S		34,508	D	\$29.	7867	65,	800		D		
Common 04/28/2					3/2014	:014			S		41,036	D	\$29.5	5516 24,		,764		D		
Common																14,548		I 1	By 401k	
			Table II								osed of,			•	wned					
1. Title of	2.	3. Transaction	3A. Deem		puts.	, cai	<del>_</del>		<u> </u>		convertib	7. Title an			Price of	9. Numbe	r of	10.	11. Nature	
Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	Conversion or Exercise (Month/Day/Year) Execution Date, (Control of Exercise) (Month/Day/Year)   Execution Date, (Control of Execution Date, (Control of Exercise)   True of Execution Date, (Control of Exercise)   True of Execution Date, (Control of Exercise)   True of Exercise   True of Exercise		Transa	ransaction ode (Instr. S		of I		on Dat Day/Ye	e	of Securities Underlying Derivative Sect (Instr. 3 and 4)		D S	Derivative Security Instr. 5)	derivative Securities Beneficia Owned Following Reported Transaction (Instr. 4)	e s lly	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
						v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amou or Numb of Share	oer						
Employee Stock Option (Right to Purchase)	\$19.7	04/28/2014			M			14,049	01/29/20	)11 <sup>(1)</sup>	01/29/2020	Common	14,0	49	\$0.0000	0.000	0	D		
Employee Stock Option (Right to Purchase)	\$15.37	04/28/2014			M			20,459	01/30/20	)10 <sup>(1)</sup>	01/30/2019	Common	20,4	59	\$0.0000	0.000	0	D		

## Explanation of Responses:

1. Options vest ratably over 4 years beginning on the first anniversary of the date of grant and becoming fully exercisable on the 4th anniversary of the date of grant (25% of the total number of shares granted vesting on each such anniversary date). Options expire 10 years from the date of grant.

/s/ Mitchell E. Fadel

04/28/2014

\*\* 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.