FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL								
OMB Number: 3235-0104								
Estimated average burden								
hours per response:	0.5							

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 Add Garg Rishi	lress of Reporting	. Date of Event Requiring Staten Month/Day/Year 13/09/2016	nent	3. Issuer Name and Ticker or Trading Symbol RENT A CENTER INC DE [RCII]									
(Last) (First) (Middle) 5501 HEADQUARTERS DRIVE			•		4. Relationship of Reporting Person(s) to I: (Check all applicable) X Director 10% C			to Issuer 0% Owner		5. If Amendment, Date of Original Filed (Month/Day/Year)			
(Street) PLANO	et)					Officer (give title below)	Other (spe below)	ecify	Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Persor Form filed by More than One Reporting Person				
(City)	(State)	(Zip)											
Table I - Non-Derivative Securities Beneficially Owned													
1. Title of Security (Instr. 4)						unt of Securities ially Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)													
1. Title of Derivative Security (Instr. 4)			2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securi Underlying Derivative Securi		ty (Instr. 4) Conv		cise	5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
			Date Exercisable	Expiratior Date	n Title	e	Amount or Number of Shares	r Security lumber f		Direct (D) or Indirect (I) (Instr. 5)			

Explanation of Responses:

Remarks:

No securities are beneficially owned.

No securities are beneficially owned.

<u>/s/ Rishi Garg</u> <u>03/10/2016</u>

** Signature of Reporting Person Dat

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

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.

 $^{^{\}star}$ If the form is filed by more than one reporting person, see Instruction 5 (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).