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* FADEL MITCHELL E | | | | | | 2. Issuer Name and Ticker or Trading Symbol RENT A CENTER INC DE [RCII] | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
|--|---|--|---|----|-------------------------|---|-----|---|------------------|------------|---|--------------------------|-----------------------------------|--|--|--|--|---|---------|--|
| TABLE WITOTILLE E | | | | | | | | | | | | | | X | X Director | | | 10% O | wner | |
| (Last) (First) (Middle) | | | | e) | | 3. Date of Earliest Transaction (Month/Day/Year) 02/17/2011 | | | | | | | | X | Office below | r (give title) | | Other (below) | specify | |
| 5501 HEADQUARTERS DRIVE | | | | | | | | | | | | | | | President and COO | | | | | |
| (Street) | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| PLANO TX 75024 | | | 4 | | | | | | | | | | X | X Form filed by One Reporting Person | | | | | | |
| (City) | (St | ate) (Zip) | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye | | | | | Year) i | Execution Date, | | | | | | es Acquir Of (D) (Ins | | Beneficially Owned | | 6. Ownership Form: Direct (D) or Indirect (I) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | Code | v | Amount | (A) or (D) | Price | | Following (Instr. 4) Reported Transaction(s) (Instr. 3 and 4) | | tr. 4) | (Instr. 4) | | | |
| Common 02/17/201 | | | | | | 1 | | | M | | 36,670 | A | \$10 | .396 64 | | 4,865 | D | | | |
| Common 02/17/201 | | | | | 11 | 1 | | | S | | 36,670 | D | \$33. | .6156 28 | | 8,195 | | D | | |
| Common | | | | | | | | | | | | | 12 | | 2,771 | | I | By 401k | | |
| 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) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any | | 4. Transa Code (I | 5. Number of | | 6. Date Exerci Expiration Da (Month/Day/Y | | isable and | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. of De Se (In | Price erivative curity str. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | у | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership | | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | able | Expiration Date | Title | Amou or Numb of Share | er | | | | | | |
| Employee Stock Option (Right to Purchase) | \$10.396 | 02/17/2011 | | | M | | | 36,670 | (1) | | 11/09/2011 | Common | 36,67 | 70 \$ | 0.0000 | 0.0000 | | D | | |

Explanation of Responses:

1. The option was granted on November 9, 2001, and becamefully exercisable on November 9, 2005.

02/18/2011 /s/ Mitchell E. Fadel

** 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.