

DOLLAR GENERAL CORP  
 Form 4  
 April 14, 2003

**Form 4**

**UNITED STATES SECURITIES AND EXCHANGE  
 COMMISSION  
 Washington, D.C. 20549**

OMB APPROVAL  
 OMB Number:  
 3235-0287

**STATEMENT OF CHANGES IN BENEFICIAL  
 OWNERSHIP**

Expires: January  
 31, 2005  
 Estimated average  
 burden  
 hours per response.  
 . . 0.5

Check box if no  
 longer subject to  
 Section 16. Form 4  
 or Form 5  
 obligations may  
 continue. See  
 Instruction 1(b).

**Filed pursuant to Section 16(a) of the Securities Exchange Act  
 of 1934, Section 17(a) of the Public Utility Holding Company  
 Act of 1935 or  
 Section 30(h) of the Investment Company Act of 1940**

1. Name and Address of Reporting Person*			2. Issuer Name and Ticker or Trading Symbol		6. Relationship of Reporting Person(s) to Issuer (Check all applicable)	
Bottorff Dennis C.			Dollar General Corporation (DG)		<input checked="" type="checkbox"/> Director <input type="checkbox"/>	
(Last)	(First)	(Middle)	3. I.R.S. Identification Number of Reporting Person, if an entity (voluntary)		<input type="checkbox"/> 10% Owner <input type="checkbox"/>	
					<input type="checkbox"/> Officer (give title below) <input type="checkbox"/>	
100 Mission Ridge (Street)			4. Statement for Month/Day/Year		Other (specify title below)	
			April 11, 2003		below)	
Goodlettsville, TN 37072			5. If Amendment, Date of Original Filing (Month/Day/Year)		7. Individual or Joint/Group Filing (Check Applicable Line)	
(City)	(State)	(Zip)			<input checked="" type="checkbox"/> Form filed by One Reporting Person	
					<input type="checkbox"/> 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 (mm/dd/yy)	2A. Deemed Execution Date, if any (mm/dd/yy)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	5. Amount (A) or Price (D)	6. Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	7. Nature of Ownership (Instr. 4)
---------------------------------	--------------------------------	--	--------------------------------	---	----------------------------	---	-----------------------------------

Common Stock	04/11/03	P	25,000	(A)	\$13.2024	26,952	(D)	4)
-----------------	----------	---	--------	-----	-----------	--------	-----	----

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).

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.

(Over)  
SEC 1474 (9-02)

**FORM 4  
(continued)**

**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 (mm/dd/yy)	3A. Deemed Execution Date, if any (mm/dd/yy)	4. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	6. Date Exercisable (mm/dd/yy)	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nature of Derivative Security Beneficially Owned (Instr. 5)
--	--	--------------------------------	--	--------------------------------	--	--------------------------------	---	--	--

Explanation of Responses:

\*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

/s/ Susan S. Lanigan  
\_\_\_\_\_  
\*\*Signature of Reporting Person

4/11/03  
Date

**Attorney-in-Fact**

Note: File three copies of this Form, one of which must be manually signed. If space provided 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.

Page 2