FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL							
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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*  MARINO GLENN P			2. Date of Event Requiring Statement (Month/Day/Year) 02/04/2020  3. Issuer Name <b>and</b> Ticker or Trading Symbol  RENT A CENTER INC DE [ RCII ]										
(Last) (First) (Middle) 5501 HEADQUARTERS DRIVE		(Middle)			Relationship of Reporting Pers (Check all applicable)     X Director		son(s) to Issuer		5. If Amendment, Date of Original Filed (Month/Day/Year)				
(Street) PLANO	TX	75024				Officer (give title below)	Other (spe		Individual or Joint/Group Filing (Check Applicable Line)     Y Form filed by One Reporting Person     Form filed by More than One				
(City)	(State)	(Zip)								Reporting P			
Table I - Non-Derivative Securities Beneficially Owned													
1. Title of Security (Instr. 4)						unt of Securities ially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		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 Secur Underlying Derivative Securi			4. Conver or Exer Price o	cise	5. Ownership Form: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
			Date Exercisable	Expiration Date	Title	9	Amount or Number of Shares	Derivative Security		or Indirect (I) (Instr. 5)			

**Explanation of Responses:** 

## Remarks:

No securities beneficially owned.

No securities are beneficially owned.

<u>/s/ Glenn P. Marino</u> <u>02/09/2020</u>

\*\* Signature of Reporting Person Date

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.

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

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