FORM 4

Check this box if no longer subject

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	$D \subset$	20549	
vasiliigton,	D.C.	20549	

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

**OMB APPROVAL** 3235-0287 Estimated average burden hours per response: 0.5

to Section 16. Form 4 or Form 5 obligations may continue. See Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 Instruction 1(b).

1. Name and Address of Reporting Person* Blasquez Anthony J				2. Issuer Name and Ticker or Trading Symbol RENT A CENTER INC DE [ RCII ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  Officer (give title Other (specify					
(Last) 5501 HE	(Fir	st) (I	Middle)			ate of E 3/202		saction (Month/Day/Year)					X	Officer (give title below)  EVP, Rent-A-		belo	w)
(Street) PLANO (City)	T>		75024 Zip)		4. If Amendment, Date of Original Filed (Month/Day/Year)								G. Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person				
		Table	I - No	n-Deriva	tive S	Secu	rities Acc	uired	, Dis	posed of,	or B	enefi	cially	y Own	ed		
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A)			4 and Second Sec		ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
							Code	v	Amount	(A) or (D)	r Pric	e	Reporte Transac (Instr. 3	ction(s)		(Instr. 4)	
COMMON STOCK 02/23/3			02/23/2	021			A		25,356 <sup>(1)</sup>	A	1	<b>50</b>	69,	754 <sup>(2)</sup>	D		
COMMO	N STOCK			02/23/202		)21		F		7,308(3)	D	\$5	4.5	5 62,446 <sup>(2)</sup>		D	
COMMC	N STOCK			02/23/2	021			F		1,248(4)	D	\$5	54.5	5 61,198(2)		D	
COMMC	N STOCK													1,	.194	I	Company 401(k) Plan
COMMC	COMMON STOCK													97	I	Company NQDC Plan	
		Tal								osed of, c			•	Owne	d		
Derivative   Conversion   Date		3A. Dee Executi	Deemed 4. ution Date, Trans		saction of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercis Expiration Dat (Month/Day/Ye		cisable and	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		8. De Se (In	erivative ecurity nstr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	Owners Form: Direct (I or Indire (I) (Instr	Beneficial Ownership ct (Instr. 4)	
					Code	v	(A) (D)	Date Exerci	sable	Expiration Date		Amour or Numbe of Shares	er				

## **Explanation of Responses:**

- 1. The Company's relative TSR over the three-year measurement period ending December 31, 2020, established in connection with performance-based restricted stock units granted to the reporting person on February 23, 2018, ranked in the 98th percentile, resulting in the vesting of 200% of such performance-based restricted stock units.
- 2. Includes shares of common stock and unvested restricted stock units.
- 3. Number of shares withheld to cover taxes with respect to performance-based restricted stock units which vested on February 23, 2021.
- 4. Number of shares withheld to cover taxes with respect to time-based restricted stock units which vested on February 23, 2021 (upon completion of three years of continuous employment from grant date of February 23, 2018).

## Remarks:

/s/ Bryan Pechersky, attorney-

02/24/2021

in-fact

\*\* 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.