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

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

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses) 1. Name and Address of Reporting Person [*] WAMPLER KEVIN S]	2. Issuer Name and DOLLAR TREE					5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner				
(Last) (First) 500 VOLVO PARKWAY		3. Date of Earliest Transaction (Month/Day/Year) 03/16/2021					X_Officer (give title below) Other (specify below) Chief Financial Officer				
(Street) CHESAPEAKE, VA 23320	4	4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City) (State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned									
1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution Date, if	(Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			Owned Following Reported Transaction(s)		Beneficial	
			Code	v	Amount	(A) or (D)	Price	(Instr. 3 and 4)	Direct (D) (C or Indirect ((I) (Instr. 4)	Ownership (Instr. 4)	
Common Stock	03/16/2021		G	V	273	D	\$ 0 (1)	102,444	D		
Common Stock	03/16/2021		G	v	273	D	\$ 0 (1)	102,171	D		
Common Stock								35,000	Ι	2020 GRAT	

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

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

(e.g., puts, calls, warrants, options, convertible securities)															
1. Title of	2.	3. Transaction	3A. Deemed	4.		5. Num	ber	6. Date Exercisab	le and	7. Title and	Amount	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transact	ransaction of		Expiration Date		of Underlying		Derivative	Derivative	Ownership	of Indirect	
Security	or Exercise	(Month/Day/Year)	any	Code		Derivat	ive	(Month/Day/Year)		Securities		Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	8) Securities		ies			(Instr. 3 and 4)		(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative					Acquire	ed						Owned	Security:	(Instr. 4)
	Security					(A) or						Following	Direct (D)		
						Dispose	ed						1	or Indirect	
						of (D)							Transaction(s)	. /	
						(Instr. 3	3, 4,						(Instr. 4)	(Instr. 4)	
						and 5)									
											Amount				
								Date	Expiration		or				
									Date	Title	Number				
								Exercisable	Date		of				
				Code	V	(A)	(D)				Shares				
Restricted										~					
Stock	\$ 0 <u>(2)</u>	03/16/2021		А		4,338		03/16/2022(3)	03/16/2022	Common	4,338	\$ 0	4,338	D	
	\$U-	03/10/2021		A		т,338		03/10/2022	03/10/2022	Stock	т,556	Ф О	т,556	D	
Unit															

Reporting Owners

	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
WAMPLER KEVIN S 500 VOLVO PARKWAY CHESAPEAKE, VA 23320			Chief Financial Officer					

Signatures

/s/ Shawnta Totten-Medley, attorney-in-fact for Mr. Wampler	03/17/2021	
Signature of Reporting Person	Date	

Explanation of Responses:

- * 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).
- (1) Gift made without consideration.
- (2) Convert without cost to shares of common stock on a one-for-one basis.

(3) This award will vest 50% on each of the first and second anniversaries of the grant date, subject to continued employment.

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