FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL |           |  |  |  |  |  |  |  |
|--------------|-----------|--|--|--|--|--|--|--|
| OMB Number:  | 3235-0287 |  |  |  |  |  |  |  |

0.5

Estimated average burden hours per response:

Check this 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 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person <sup>*</sup> <u>Hand Fred</u> |                                                                                                                                              |              |         |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 2. Issuer Name <b>and</b> Ticker or Trading Symbol Burlington Stores, Inc. [BURL]                                                                                       |                        |                                                                                            |       |         |                                                                                                           |                   |                        |                                                                   | eck all ap<br>Dire                                                                              | olicable)<br>ctor                                                 |                                                                    | Owner         |  |
|-----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|--------------|---------|--------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|--------------------------------------------------------------------------------------------|-------|---------|-----------------------------------------------------------------------------------------------------------|-------------------|------------------------|-------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|--------------------------------------------------------------------|---------------|--|
|                                                                       |                                                                                                                                              |              |         |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 3. Date of Earliest Transaction (Month/Day/Year) 01/30/2019                                                                                                             |                        |                                                                                            |       |         |                                                                                                           |                   |                        |                                                                   | helo                                                                                            | Officer (give title Opelow) be Chief Customer Office              |                                                                    | (specify<br>) |  |
| (Street) BURLIN (City)                                                |                                                                                                                                              | NJ<br>State) |         | 8016<br>Zip) |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 4. If Amendment, Date of Original Filed (Month/Day/Year)  6. Individual or Joint/Group Filing (Cl Line)  X Form filed by One Reportin Form filed by More than Or Person |                        |                                                                                            |       |         |                                                                                                           |                   | e Reporting Per        | son                                                               |                                                                                                 |                                                                   |                                                                    |               |  |
|                                                                       |                                                                                                                                              |              | Table   | e I - No     | n-Deriv                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ative                                                                                                                                                                   | Se                     | curiti                                                                                     | es Ac | quired, | Dis                                                                                                       | posed o           | f, or I                | 3ene                                                              | ficial                                                                                          | ly Own                                                            | ed                                                                 |               |  |
| 1. Title of Security (Instr. 3)  2. Transact Date (Month/Day          |                                                                                                                                              |              |         |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Execution Date,                                                                                                                                                         |                        | 3. Transaction Code (Instr. 8)  4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4)   |       |         | A) or<br>8, 4 and                                                                                         | 5) Secur<br>Benef | icially<br>d Following | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4) | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4)                               |                                                                   |                                                                    |               |  |
|                                                                       |                                                                                                                                              |              |         |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                         |                        |                                                                                            | Code  | v       | Amount                                                                                                    | (A)<br>(D)        | or                     | Price                                                             | Trans                                                                                           | action(s)<br>3 and 4)                                             |                                                                    | (111511.4)    |  |
| Common                                                                | Stock                                                                                                                                        |              |         |              | 01/30                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | /2019                                                                                                                                                                   |                        |                                                                                            |       | F       |                                                                                                           | 106               | I                      | D \$170.05 58,871 D                                               |                                                                                                 |                                                                   |                                                                    |               |  |
|                                                                       | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |              |         |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                         |                        |                                                                                            |       |         |                                                                                                           |                   |                        |                                                                   |                                                                                                 |                                                                   |                                                                    |               |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)                   |                                                                                                                                              |              | n Date, |              | ransaction of Deriv Secu Acqu (A) o Disp of [D] (Inst and secured to the control of the control |                                                                                                                                                                         | osed<br>0)<br>tr. 3, 4 | 6. Date Exercisable and Expiration Date (Month/Day/Year)  Date Exercisable Expiration Date |       |         | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)  Amour or Numbe of Shares |                   | etr. 3                 | b. Price of<br>Derivative<br>Security<br>Instr. 5)                | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |               |  |

Explanation of Responses:

Remarks:

/s/ Christopher Schaub, as attorney-in-fact for Fred Hand

02/01/2019

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  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.