FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT | OF CHANGES | IN BENEFICIAL | OWNERSHIP |
|------------------|------------|---------------|------------------|

| OMB APPRO | JVAL |
|------------------------|---------------------------------------|
| OMB Number: | 3235-0287 |
| Estimated average burd | len |
| hours per response: | 0.5 |
| | OMB Number: Estimated average burd |

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* <u>Fuchs David</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol REX STORES CORP [RSC] | | | | | | | | | heck a | tionship of Reportin all applicable) Director | | 10% Ow | | vner | |
|---|--|--------|--|--|---|---|------|----------------------------------|-----------|---|---|-----------------------|---|--|---|---------------------------------|---|--|--|--|
| (Last) 1366 HOL | • | First) | • | ⁄liddle) | | 3. Date of Earliest Transaction (Month/Day/Year) 04/05/2006 | | | | | | | | | | Officer (give title below) VP- | | Other (specification) -MIS | | респу |
| (Street) MIAMISE | BURG C | Н | 4 | 5342 | | 4. If <i>i</i> | Amen | dment | t, Date o | f Original | Filed | (Month/Da | y/Year) | 6. Lir | ne) X | Form fi | ed by One | Repo | (Check Apporting Person One Report | 1 |
| (City) | (5 | State | e) (Z | Zip) | | | | | | | | | | | | Person | | | | |
| | | | Tabl | e I - No | n-Deriv | ative | Sec | uriti | es Acc | quired, | Dis | posed o | f, or Bei | neficia | lly O | wned | | | | |
| Date | | | 2. Transa Date (Month/D | Day/Year) if | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Dispose Code (Instr. | | | ities Acquired (A) o d Of (D) (Instr. 3, 4 | | and 5) Securitie Beneficia Owned F | | s illy ollowing | Form (D) o | : Direct r Indirect str. 4) | 7. Nature of ndirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | Reported Transact (Instr. 3 a | | ion(s) | | | Instr. 4) | |
| Common S | Stock \$.01 | pa | r value | | 04/05 | 2006 | | M | | 1,900 | A | \$5.1 | 5.11 1,9 | | 900 | | D | | | |
| Common S | Stock \$.01 | pa | r value | | 04/05 | /2006 | | | | S | | 1,900 | D | \$16. | 32 | 32 0 D | | | | |
| | | | Ta | | | | | | | | | osed of, convertib | | | y Ow | ned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversio or Exercise Price of Derivative Security | n [| 3. Transaction Date (Month/Day/Year) | 3A. Deen Executio if any (Month/D | n Date, | 4. Transaction Code (Instr. 8) | | n of | | 6. Date Exercis Expiration Date (Month/Day/Ye | | е | 7. Title and Amount of Securities Underlying Derivative Securit (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | ivative curity | 9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4) | e s ally g | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | Code | v | (A) (D) | | Date Exercisa | | Expiration Date | Title | Amount or Number of Shares | er | | | | | |
| Employee nonqualified stock option right to buy | \$5.11 | | 04/05/2006 | | | M | | | 1,900 | (1) | | 06/12/2008 | Common stock \$.01 par value | 1,900 | \$ | 55.11 | 100 | | D | |

Explanation of Responses:

1. Options granted on 6/12/1998 and became exercisable in 20% increments on each of the first five anniversaries of the grant.

Edward M. Kress attorney in Fact for David Fuchs

04/06/2006

** 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.