Burlington Stores, Inc. Form SC 13G February 03, 2015

# SECURITIES AND EXCHANGE COMMISSION WASHINGTON, D.C. 20549

#### SCHEDULE 13G

# INFORMATION TO BE INCLUDED IN STATEMENTS FILED PURSUANT TO RULES 13d-1(b), (c), AND (d) AND AMENDMENTS THERETO FILED PURSUANT TO RULE 13d-2

	(AMENDMENT NO. )*
	Burlington Stores, Inc.
	(Name of Issuer)
	Common Stock
	(Title of Class of Securities)
	122017106
	(CUSIP Number)
	12/31/2014
(D	ate of Event Which Requires Filing of this Statement)

Check the appropriate box to designate the rule pursuant to which this Schedule is filed:

X	Rule 13d-1(b)
0	Rule 13d-1(c)
0	Rule 13d-1(d)

<sup>\*</sup>The remainder of this cover page shall be filled out for a reporting person's initial filing on this form with respect to the subject class of securities, and for any subsequent amendment containing information which would alter the disclosures provided in a prior cover page.

The information required in the remainder of this cover page shall not be deemed to be "filed" for the purpose of Section 18 of the Securities Exchange Act of 1934 ("Act") or otherwise subject to the liabilities of that section of the Act but shall be subject to all other provisions of the Act (however, see the Notes).

Page 1 of 4 Pages

CUSIP NO. 122017106	13G	Page 2 of 4 Pages					
1. NA	AME OF REPORTING PERSON	NS					
Massachusetts Financial Services Company ("MFS")							
2. CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (SEE INSTRUCTIONS)							
a) o (b) o							
Not Applicable							
3.	SEC USE ONLY						
4. CITIZENS	SHIP OR PLACE OF ORGANI	ZATION					
Delaware							
NUMBER OF SHARES BENEFICIALLY O	NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH:						
5.	SOLE VOTING POWER						
4,275,522 shares of common stock							
6.	SHARED VOTING POWER						
None							
7.	SOLE DISPOSITIVE POWER						
4,293,053 shares of common stock							
8. SI	HARED DISPOSITIVE POWE	R					
None							
9. AGGREGATE AMOUNT BE	NEFICIALLY OWNED BY EA	ACH REPORTING PERSON					
4,293,053 shares of common stock, consistir non-reporting entities.	ng of shares beneficially owned	by MFS and/or certain other					
10.CHECK IF THE AGGREGATE AMOU INSTRUCTIONS)	NT IN ROW (9) EXCLUDES (	CERTAIN SHARES (SEE	o				
Not Applicable							
11. PERCENT OF CL	ASS REPRESENTED BY AMO	OUNT IN ROW 9					

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TYPE OF REPORTING PERSON (SEE INSTRUCTIONS)

Schedule	e 13G		Page 3 of 4 Pages		
ITEM 1:	:	(a)	NAME OF ISSUER:		
See Cov	er Page				
(b)	ADDRESS OF ISS	SUER'S PRINCIPAL	EXECUTIVE OFFICES:		
	oute 130 North e, NJ 08518				
ITEM 2	:	(a)	NAME OF PERSON FILING:		
See Item	1 on page 2				
	(b) AD	DRESS OF PRINCIP	AL BUSINESS OFFICE OR, IF NONE, RESIDENCE:		
111 Huntington Avenue Boston, MA 02199					
(c)	CITIZENSHIP:				
See Item	1 4 on page 2				
(d)	TITLE OF CLASS OF SECURITIES:				
See Cov	er Page				
(e)	CUSIP NUMBER:				
See Cov	er Page				
ITEM 3: Rule 13d	: d-1(b)(1)(ii)(E)	The person filing i	s an investment adviser in accordance with		
ITEM 4	:		OWNERSHIP:		
(a)	AMOUNT BENEF	FICIALLY OWNED:			
See Item	9 on page 2				
(b)	PERCENT OF CL	ASS:			
See Item 11 on page 2					
(c) NUMBER OF SHARES AS TO WHICH SUCH PERSON HAS VOTING AND DISPOSITIVE POWERS (SOLE AND SHARED):					

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See Items 5-8 on page 2

ITEM 5: OWNERSHIP OF FIVE PERCENT OR LESS OF A CLASS:

o

Not Applicable

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Schedule 13G Page 4 of 4 Pages

ITEM 6: OWNERSHIP OF MORE THAN FIVE PERCENT ON BEHALF OF ANOTHER PERSON:

Not Applicable

ITEM IDENTIFICATION AND CLASSIFICATION OF THE SUBSIDIARY WHICH ACQUIRED THE 7: SECURITY BEING REPORTED ON BY THE PARENT HOLDING COMPANY OR CONTROL PERSON:

Not Applicable

ITEM 8: IDENTIFICATION AND CLASSIFICATION OF MEMBERS OF THE GROUP:

Not Applicable

ITEM 9: NOTICE OF DISSOLUTION OF GROUP:

Not Applicable

ITEM 10: CERTIFICATIONS:

By signing below I certify that, to the best of my knowledge and belief, the securities referred to above were acquired and are held in the ordinary course of business and were not acquired and are not held for the purpose of or with the effect of changing or influencing the control of the issuer of the securities and were not acquired and are not held in connection with or as a participant in any transaction having that purpose or effect.

### **SIGNATURE**

After reasonable inquiry and to the best of my knowledge and belief, I certify that the information set forth in this statement is true, complete and correct.

Date: February 3, 2015

Massachusetts Financial Services Company

By: /s/ DANIEL W. FINEGOLD

Daniel W. Finegold

Vice President and Assistant Secretary