#### CROVITZ CHARLES K

Form 4

share

November 02, 2009

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<b>FORM</b>	14 INITED						OMMICCION	OMB APPROVAL				
	SECURITIES AND EXCHANGE C Washington, D.C. 20549					OMMISSION	OMB Number:	3235-0287				
Check th if no long		_ ~	. ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		- ~-			Expires:	January 31, 2005			
subject to Section 1 Form 4 o Form 5 obligatio may cont See Instri 1(b).	6. r Filed pur	rsuant to S a) of the	SECURITIES  Section 16(a) of the Securities Exchange Act of 1 Public Utility Holding Company Act of 1935 or Section 16 Public Utility Holding Company Act of 1940						Estimated average burden hours per response			
(Print or Type I	Responses)											
1. Name and Address of Reporting Person * CROVITZ CHARLES K			2. Issuer Name <b>and</b> Ticker or Trading Symbol					5. Relationship of Reporting Person(s) to Issuer				
	CHILDRENS PLACE RETAIL STORES INC [PLCE]					(Check all applicable)						
(Last)	(Last) (First) (Middle)				ransaction			_X_ Director 10% Owner				
C/O THE C RETAIL ST ROAD	(Month/Day/Year) 10/31/2009					_X_ Officer (give title Other (specify below) below)  Interim Chief Executive Office						
				ndment, Da nth/Day/Year	_	al		6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting				
(City)	(State)	(Zip)				_		Person				
				e I - Non-I 3.			_	uired, Disposed of,				
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	saction Date 2A. Deemed (Day/Year) Execution Date, if any (Month/Day/Year)			4. Securi or(A) or D (Instr. 3,	ispose	ed of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Stock, par value \$0.10 per share	10/31/2009(1)			Code V	Amount 810		Price \$ 32.035	(Instr. 3 and 4) 72,655	D			
Common Stock, par value \$0.10 per	11/01/2009(2)			F	486	D	\$ 32.035	72,169	D			

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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.

SEC 1474 (9-02)

> 9. Nu Deriv Secur Bene Own Follo Repo Trans

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Title	e and	8. Price of	
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transact	ionNumber	Expiration Date		Amour	nt of	Derivative	
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underl	ying	Security	
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e	;	Securit	Securities	(Instr. 5)	
	Derivative				Securities	1	(Instr. 3 and 4)				
	Security				Acquired						
					(A) or						
					Disposed						
					of (D)						
					(Instr. 3,						
					4, and 5)						
									Amount		
									or		
						Date Expiration	Title Nu				
						Exercisable	Date	of			
				Code V	(A) (D)				Shares		
				Couc v	(II) $(D)$				Dilaics		

## **Reporting Owners**

Reporting Owner Name / Address

Director 10% Owner Officer Other

CROVITZ CHARLES K C/O THE CHILDREN'S PLACE RETAIL STORES 915 SECAUCUS ROAD SECAUCUS, NJ 07094

X Interim Chief Executive Office

## **Signatures**

/s/ Bernie McCracken, as Attorney In-Fact for Charles K.
Crovitz

\*\*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) Shares delivered to The Children's Place Retail Stores, Inc. (the "Company") to pay tax liabilities incident to the vesting of restricted stock on October 31, 2009.
- (2) Shares delivered to the Company to pay tax liabilities incident to the vesting of restricted stock on November 1, 2009.

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.

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