## Edgar Filing: CARTERS INC - Form 4

CARTERS I Form 4 May 11, 201										
FORM				ID EVC	<b>TT A 1</b>		COMMERION	r	PPROVAL	
Washington, D.C. 20549							OMB Number:	3235-0287		
Check this box if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OWNER							Expires:	January 31, 2005		
						NERSHIP OF	Estimated	average		
Section 16. SECURITIES Form 4 or							burden hours per response 0.5			
Form 5	Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,									
obligation may cont		a) of the Public U	•	•	• •			n		
<i>See</i> Instruction 30(h) of the Investment Company Act of 1940										
1(b).										
(Print or Type Responses)										
1. Name and Address of Reporting Person *       2. Issuer Name and Ticker or Trading         CASTAGNA VANESSA J       Symbol					5. Relationship of Reporting Person(s) to Issuer					
CASTACIA	mbol ARTERS INC [CRI]									
(Last)		Date of Earliest Transaction				(Check all applicable)				
			Ionth/Day/Year)			X Director	109	6 Owner		
3438 PEACHTREE ROAD 05/07/			07/2015				Officer (give title Other (specify below) below)			
NE, SUITE	1800							001010)		
			endment, Date Original			6. Individual or Joint/Group Filing(Check				
Filed(Month/Day/Year)						Applicable Line) _X_ Form filed by One Reporting Person				
ATLANTA, GA 30326										
(City)	(State)	(Zip) Tal	la I. Mari Dar		1	4		f an Danafiaia	ller Oermad	
1.Title of		- 14				ues Ac	quired, Disposed of			
Security	2. Transaction Dat (Month/Day/Year)					or		6. Ownership Form: Direct		
(Instr. 3)		any (Month/Day/Vaat				· ·	ndirect (I)	Beneficial		
		(Wonth/Day/Tear				Following		(Instr. 4)		
					(A)		Reported Transaction(s)			
			Code V	Amount	or	Drigo	(Instr. 3 and 4)			
Common	05/07/0015			1,298	(D)	Price	10 (7)	D		
Stock	05/07/2015		Λ	(1)	А	\$0	19,676	D		

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)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D)	;		Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(Instr. 3, 4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Address	Relationships							
i o	Director	Director 10% Owner Of		er Other				
CASTAGNA VANESSA J 3438 PEACHTREE ROAD NE SUITE1800 ATLANTA, GA 30326	Х							
Signatures								
Michael C. Wu, Attorney-in-Fac Castagna	05/11/2015							
<u>**</u> Signature of Reporting Po		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) These shares were granted as part of Ms. Castagna's annual director compensation.

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.