FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGE	S IN BENEFIC	CIAL OWNERS	SHIP

OMB APP	ROVAL
OMB Number:	3235-0287
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0.5

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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(h).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

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1. Name and Address of Reporting Person* <u>CASEY MICHAEL DENNIS</u>					2. Issuer Name and Ticker or Trading Symbol CARTERS INC [CRI]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
				٦									X	Director		10% Own		vner	
(Last)	(F	(First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year)								X	Officer (below)	give title		Other (specify below)	
3438 PEACHTREE ROAD NE				02	02/21/2018									Chairman and CEO					
SUITE 1	800																		
					_ 4.	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable					
(Street)							,		Ü		` ,	,		Line)		·			
ATLAN	ΓA G	A	30326											X		,		rting Persor	
					-									Form filed by More than One Reporting Person					ting
(City)	(S	itate)	(Zip)																
		Ta	ble I - Nor	ո-Deri	ivativ	re Se	ecurities	Acq	uired,	Dis	posed of	, or Be	nefic	ially	Owned				
1. Title of	Security (Inst	tr. 3)			sactio				3. 4. Securities Acquired (A)						of 6. Ownership Form: Direct		7. Nature of Indirect Beneficial Ownership		
Date (Monti				n/Day/Y	Execution Date, if any (Month/Day/Year)		,	Transaction Disposed Code (Instr. 8)		Of (D) (Instr. 3, 4 ar		anu s)	Beneficia	lly (D) o	(D) or	or Indirect			
								 			Reported		ı " ''`			(Instr. 4)			
								Code	٧	Amount	(A) (D)	Pr	Price Transa (Instr. 3						
Common Stock 02/22				21/20	/2018 02/21/2018		A		22,872 ⁽¹⁾ A		\$ <mark>0</mark> (2)	375,077 ⁽³⁾			D				
Common Stock 02/21			21/20	/2018 02/21/2018		A		11,436 ⁽⁴⁾ A			\$ <mark>0</mark> (2)	386,513 ⁽³⁾			D				
			Table II -	Doriv	otiv (o	Car	urition A	0011	irod D	ion	acad of	or Bon	oficia	NIV C	Dunod		<u> </u>		
							ls, warra								wiieu				
1. Title of	2.	3. Transaction	3A. Deemed		4.		5. Number				sable and	7. Title a		ount	8. Price of	9. Numbe		10.	11. Nature
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)	Execution Date, if any	[[Code (Inst		r. Securities		(Month/Day/Year) Und			Underly	of Securities Underlying		Derivative Security	derivative Securities	s	Ownership Form:	Beneficial
(Instr. 3) Price of (Month/Day/Year) Derivative				8)				Acquired (A) or Disposed			Derivative Sec (Instr. 3 and 4)			(Instr. 5)	Owned			Ownership (Instr. 4)	
Security			of (D) (Instr. 3, 4 and 5)		, , , , ,						(I) (Instr. 4))							
				F			1			П			Am	ount		Transacti (Instr. 4)	ction(s)		
								H					or Nur	nber		, ,			
					Code	· v	(A)		Date Exercisa	ble	Expiration Date	Title	of Sha						
Option (right to	\$120.25	02/21/2018			A		49,268 ⁽⁵⁾		02/21/20	119	02/21/2028	Commo	1 49	268	\$0	49,26	a l	D	
buy)	Ψ120,23	02/21/2010			11		73,200		02/21/20	1.5	02/21/2020	Stock	75,	_00	Ψυ	-5,20	~	D	

Explanation of Responses:

- 1. These restricted shares cliff vest based upon the achievement of certain 2020 earnings targets.
- 2. Granted at no cost to the reporting person.
- 3. Some of these shares are restricted shares that are subject to either time-vesting or performance-based restrictions.
- 4. These restricted shares are subject to restrictions that lapse in four equal annual installments beginning one year from the grant date.
- 5. These time-vesting options are exercisable in four equal annual installments beginning one year from the grant date.

Remarks:

/s/Michael C. Wu, Attorney-in-

02/23/2018

Fact

** 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.