FORM 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL

OWNERSHIP

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| OMB APPROVAL | | | | | | | | | | |
|--------------------------|---------|--|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-03 | | | | | | | | | |
| Estimated average burden | | | | | | | | | | |

hours per response: 1.0

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

| Form 3 | Holaings Repo | rtea. | | | | | | | | | | | | | | | | |
|---|---|----------|---|--|---|-----------------------------------|---------------|--|-------------------------------------|---|-----------------------|------------------------------|--------------------|---|--------------------------|---|---------------------------------------|--|
| Form 4 | Transactions R | eported. | File | ed pursuant to or Section | | | | | ities Excha ompany Ac | | | | | | | | | |
| 1. Name and Address of Reporting Person* <u>FULTON PAUL</u> | | | | 2. Issuer Name and Ticker or Trading Symbol CARTERS INC [CRI] | | | | | | | Check al | | , | ing Pe | | Issuer Owner | | |
| (Last) 3438 PEA SUITE 18 | 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 01/03/2016 | | | | | | Year) | | Officer (give title below) Directe | | Other (specify below) | | | | | | | |
| (Street) ATLANT | | | 0326 | 4. If Amen | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | ine) <mark>X</mark> I | , | | | | | |
| (City) | (Sta | | ^{Zip)} ==================================== | rative Sec | uritie | es Ac | auire | ed. Dis | sposed | of. or | Benefici | ally O | wne | -d | | | | |
| 1. Title of Security (Instr. 3) 2. Transpate | | | 2. Transaction | 2A. Deemed Execution Date, | | 3. Transaction Code (Instr. | | 4. Securities Acquired (A) or Dispos Of (D) (Instr. 3, 4 and 5) | | | | 5. Amo Securit Benefic | | int of es ially | Form | ership n: Direct | 7. Nature of Indirect Beneficial | |
| | | | | (Month/Day/ | Year) | 8) | | Amou | nt | (A) or (D) | Price | Issi | uer's | at end of Fiscal str. 3 and | (D) o Indir (Insti | ect (I) | Ownership Instr. 4) | |
| Common Stock | | | 11/09/2016 | G5 | | 5 | 2, | ,000 | D | D \$0 ⁽¹⁾ | | 85,531 ⁽²⁾ | | D | | | | |
| | | Та | ble II - Derivat (e.g., p | ive Secur uts, calls, | | | | | | | | | ed | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transaction Code (Instr. 8) | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Expira | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | | rivative curity | 9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4) | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4 | Beneficial Ownership (Instr. 4) | |
| | | | | | (A) | (D) | Date Exerc | cisable | Expiration Date | Title | of Shares | | | | | | | |

Explanation of Responses:

- 1. Transfer by gift to a charitable organization. Mr. Fulton received no consideration for the transfer of the securities
- 2. Some of these shares were granted pursuant to the Issuer's Amended and Restated Equity Incentive Plan as part of the Reporting Person's annual director compensation.

Remarks:

/s/Michael C. Wu, Attorney-in-02/22/2017

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.