FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT | OF CHANGES | IN BENEFICIAL | OWNERSHIP |
|-----------|------------|---------------|------------------|
| | | | |

OMB APPROVAL

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

| Name and Address of Reporting Person* CASEY MICHAEL DENNIS | | | | | | 2. Issuer Name and Ticker or Trading Symbol CARTERS INC [CRI] | | | | | | | | (Chec | k all app Dire | olicable) | g Person(s) to I 10% (Other | |
|--|---|--|---------------|---------------------------------|---|---|---|-----------------------------|---|-------------------|---------------------------|---|---|---|---|---|---|--|
| (Last) 1170 PEA | 1170 PEACHTREE STREET | | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/01/2011 | | | | | | | X | belo | w) | below utive Officer | | | |
| (Street) ATLANT (City) | TA GA | | 80309 Zip) | | 4. If | Ame | ndment, | Date o | of Origin | al File | ed (Month/Da | ay/Year | | 6. Indi Line) X | Forn | n filed by One n filed by Mor | Filing (Check A Reporting Pers re than One Rep | son |
| | | Tabl | e I - N | on-Deriv | ative | Sec | curitie | s Ac | quire | d, Di | sposed o | f, or I | Benef | icially | Own | ed | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/ | | | | | Execution Date, | | 3. Transaction Code (Instr. 8) | | es Acquired (A) or Of (D) (Instr. 3, 4 a | | ind 5) Secu Bene | | ficially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | | Code | v | Amount | (A) (D) | or Pri | ce | Trans | action(s) 3 and 4) | | (|
| Common Stock 12/01/20 | | | 2011 | 011 | | S | | 22,248 ⁽¹⁾ D \$4 | | 0.09(2) | 09 ⁽²⁾ 541,681 | | D | | | | | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | if any | emed ion Date, /Day/Year) | 4. Transa Code (8) | | | rities ired osed | 6. Date Expirat (Month | tion Da /Day/Y | | 7. Title Amou Securi Under Deriva Securi and 4) | nt of ties lying tive ty (Instr | Der Sec (Ins | rice of ivative urity tr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |

Explanation of Responses:

- 1. The transaction in this Form 4 was effectuated pursuant to Rule 10b5-1 trading plan entered into in August 2011. The shares in the reported transaction were acquired in May 2011 from an exercise of stock option that was granted in August 2001 and set to expire in August 2011.
- 2. This is a weighted average price. The shares were sold in multiple trade executions at prices ranging from \$39.23 to \$40.25, inclusive. Upon request by the Commission staff, the Issuer, or a security holder of the Issuer, the Reporting Person will provide full information regarding the number of shares sold at each separate price.

Remarks:

/s/Brendan M. Gibbons,

Attorney-in-Fact for Michael 12/05/2011

D. Casey

** 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.