FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPRO	VAL							
	OMB Number:	3235-0287							
l	Estimated average burden								
	hours per response:	0.5							

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

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* D'Emilio Julie						2. Issuer Name and Ticker or Trading Symbol CARTERS INC [CRI]									all appli Directo	cable)	g Person(s) to Issu 10% Ow Other (s		wner	
(Last) 3438 PE. SUITE 1		3. Date of Earliest Transaction (Month/Day/Year) 03/01/2016									below)	below) or Vice President - Sales			·					
(Street) ATLANTA GA 30326					_ 4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person					
(City)	(S	tate)	(Zip)		-	Form filed by More than One Reporting Person											orting			
		Tab	le I - N	on-Deriv	vative	e Sec	uriti	ies Ac	quire	d, Di	sposed c	of, or Be	nefici	ally	Owned	ł				
1. Title of Security (Instr. 3)				2. Transac Date (Month/Da		Exec Year) if any		Deemed ecution Date, ny onth/Day/Year)		ction Instr.	4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 a			Benefic Owned		es ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
						Code	v	Amount	(A) or (D)	Price		Reporte Transac (Instr. 3	ction(s)			(Instr. 4)				
Common		03/01/	/2016				М		7,500	A	\$26.	05	19,	841(1)		D				
Common	03/01/	/2016				S		2,797	D	\$1 <mark>01</mark> .	76 ⁽²⁾	17,	,044 ⁽¹⁾		D					
Common Stock				03/01/	2016				S		4,703	D	\$102.	\$102.31(3)		12,341(1)		D		
		7	Γable II								posed of, converti				wned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)) if any	med on Date, Day/Year)	4. Transa Code (8)				6. Date Exercis Expiration Dat (Month/Day/Ye		ite	7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4)		De Se (Ir	Price of erivative ecurity estr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amour or Number of Shares	er						
Employee Stock Option (Right to	\$26.05	03/01/2016			M			7,500	(4)		11/09/2016	Common Stock	7,500		\$0	0		D		

Explanation of Responses:

- 1. Some of these shares are restricted shares that are subject to either time-vesting or performance-based restrictions.
- 2. This is a weighted average price. The shares were sold in multiple trade executions at prices ranging from \$101.58 to \$101.99, 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.
- 3. This is a weighted average price. The shares were sold in multiple trade executions at prices ranging from \$102.10 to \$102.67, 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.
- 4. These options are all exercisable,

Remarks:

/s/Michael Wu, Attorney-in-Fact for Julie A. D'Emilio

03/03/2016

** 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.