FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

vvasimigtori	, D.O.	200-0	

OMB APPROVAL

Check tr	iis box if no longer subject to
Section :	16. Form 4 or Form 5
obligatio	ns may continue. See
Instruction	on 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

3235-0287 Estimated average burden hours per response: 0.5

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

1. Name and Address of Reporting Person* CASEY MICHAEL DENNIS						2. Issuer Name and Ticker or Trading Symbol CARTERS INC [CRI]								eck all appli X Directo	ationship of Reporting I c all applicable) Director		10% Owner		
(Last) 3438 PE SUITE 1	ACHTREE	irst) ROAD NE	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 11/13/2017									Officer (give title below) Chairman and		Other (s below) CEO	pecify	
(Street) ATLAN (City)		A tate)	30326 (Zip)		4.	4. If Amendment, Date of Original Filed (Month/Day/Year)							Lin	e) X Form : Form :					
		Та	ıble I - N	lon-De	rivati	ve S	ecur	ities Ac	quire	d, Dis	sposed of,	or Ber	neficiall	y Owned					
1. Title of Security (Instr. 3)			2. Trans Date (Month/		Exec pay/Year) if an		2A. Deemed Execution Date, f any Month/Day/Year)		ction Instr.	4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an				es ially Following	Form	: Direct I Indirect I str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code	v	Amount	(A) or (D)	Price	Reporte Transac (Instr. 3	tion(s)					
Common	Stock			11/1	3/2017	017		М		26,524(1)	A	\$17.9	385	,436 ⁽²⁾		D			
Common	Stock			11/1	3/2017	7			S		26,124(1)	D	\$101.24	24 ⁽³⁾ 359,312 ⁽²⁾ D					
Common	Stock			11/1	3/2017	7			S		400(1)	D	\$101.77	7 ⁽⁴⁾ 358,912 ⁽²⁾ D					
			Table II								osed of, c			Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	se (Month/Day/Year)	3A. Deemed Execution Date if any (Month/Day/Ye:	Date,	Code (Inst				6. Date Exercisable and Expiration Date (Month/Day/Year)		ite	7. Title and Amount of Securities Underlying Derivative Sec (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti	Own S For Ully Dir Or (I)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exerci	sable	Expiration Date	Title	Amount or Number of Shares	1	(Instr. 4)	ion(s)			
Employee Stock Option (Right to Purchase)	\$17.9	11/13/2017			М			26,524 ⁽¹⁾	08/06/2	2009 ⁽⁵⁾	08/06/2018	Commor Stock	(6)	\$0	53,047	7(6)	D		

Explanation of Responses:

- 1. The transaction reported in this Form 4 was effectuated pursuant to a Rule 10b5-1 trading plan entered into on May 19, 2017.
- 2. Some of these shares are restricted shares that are subject to either time-vesting or performance-based restrictions
- 3. This is a weighted average price. The shares were sold in multiple trade executions at prices ranging from \$100.75 to \$101.73, 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. This is a weighted average price. The shares were sold in multiple trade executions at prices ranging from \$101.76 to \$101.81, 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.
- 5. These options are all exercisable.
- 6. All of these options are exercisable.

Remarks:

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

11/14/2017

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.