FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL										
OMB Number:	3235-0287									

0.5

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB Number: 323
| Estimated average burden | hours per response: |

	Check this box if no longer subject to
١	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* Corning Kevin Doyle						2. Issuer Name and Ticker or Trading Symbol CARTERS INC [CRI]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last) 3438 PE							3. Date of Earliest Transaction (Month/Day/Year) 02/18/2014								r (give title EVP Inte	ernati	Other (s	· I	
SUITE1800					_ 4.	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable					
(Street) ATLANTA GA 30326											- 1	X Form filed by One Reporting Person Form filed by More than One Reporting Person							
(City) (State) (Zip)					Feison														
		Tal	ole I - Non	ı-Deri	vativ	e Se	curities	Acq	quired,	Dis	osed o	f, or Be	neficiall	y Owned					
1. Title of Security (Instr. 3) 2. Transc Date (Month/E					Execution Date,		Transaction Disp Code (Instr. 5)		Disposed	Securities Acquired (A) isposed Of (D) (Instr. 3, 4		5. Amour Securities Beneficia Owned F	s Illy ollowing	Form	: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership			
								Code V		Amount	(A) oi (D)	Price	Reported Transacti (Instr. 3 a	on(s)			(Instr. 4)		
Common Stock 02/18/					L <mark>8/20</mark> 1	L4			A		1,900	1) A	\$0	19,9	00(2)		D		
Common	Stock			02/1	L <mark>8/20</mark> 1	L4			A		3,800(3) A	\$0	\$0 23,700 ⁽²⁾ D					
		,	Table II - I (sed of, onvertib			Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day/	Date, Transaction Derivative Code (Instr. Securities		6. Date Exercisable and Expiration Date (Month/Day/Year) 7. Title and Amount of Securities Underlying Derivative Securities (Instr. 3 and 4)			of s g e Security	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)					
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	on(s)			
Employee Stock Option (Right to	\$68.49	02/18/2014			A		3,800 ⁽⁴⁾		02/18/20	15	02/18/2024	Common Stock	3,800	\$0	3,800)	D		

Explanation of Responses:

- 1. These restricted shares are subject to restrictions that lapse in four equal annual installments beginning one year from the grant date.
- $2. \ Some \ of \ these \ shares \ are \ restricted \ shares \ that \ are \ subject \ to \ either \ time-vesting \ or \ performance-based \ restrictions.$
- $3.\ These\ restricted\ shares\ cliff\ vest\ based\ upon\ the\ achievement\ of\ certain\ 2016\ earnings\ targets.$
- 4. These time-vesting options are exercisable in four equal annual installments beginning one year from the grant date.

Remarks:

/s/Irina Braude, Attorney-in-Fact for Kevin Doyle Corning

02/20/2014

** 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.