FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|--------------|----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-028 | | | | | | | | |
| | | | | | | | | | |

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

37 Estimated average burden hours per response: 0.5

| 1. Name and Address of Reporting Person* PULVER DAVID | | | | | | 2. Issuer Name and Ticker or Trading Symbol CARTERS INC [CRI] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|--|--|--|---|--------------------------|---|--|--|-------|--|--|--|--------------------|---|-----------------|---|---|---|---|--|--|
| PULVER DAVID | | | | | | | | | | | | | | | X Dir | ector | | 10% C |)wner | |
| (Last) (First) (Middle) 1170 PEACHTREE STREET | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 10/16/2008 | | | | | | | | | | | cer (give title ow) | Other (specif below) | | | |
| SUITE 9 | 00 | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| - | | | | | - | | | | | | | | | | Line) | | | | | |
| (Street) | | | | | | | | | | | | | | | X Fo | m filed by On | e Reporti | ng Pers | on | |
| ATLANT | CA GA | A | 30309 | | _ | | | | | | | | | | | m filed by Mo son | ore than C | ne Rep | orting | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | | | | | |
| | | Tab | le I - No | n-Deriv | /ative | Se | curitie | s Acc | quired, | Dis | posed o | f, oı | Bene | eficia | ally Own | ied | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | Exec Day/Year) if any | | Execution if any | A. Deemed xecution Date, any Month/Day/Year) | | 3. Transaction Code (Instr. 8) 4. Securit Disposed 5) | | ties Acquired (A) I Of (D) (Instr. 3, 4 | | (A) or 3, 4 ar | nd Secu Bene | nount of rities ficially ed Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amount | | (A) or (D) | Price | Tran | saction(s) 3 and 4) | | | (IIISU. 4) | |
| Common Stock 10/16/ | | | | | 5/2008 | | | | | | 10,000 | O ⁽¹⁾ A | | \$1 | .4 | 262,434 | |) | | |
| 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) | 3A. Deem Execution if any (Month/D | n Date, | 4. Transaction Code (Instr. 8) | | n of Deriv Secu Acqu (A) or Dispo of (D) (Instr | of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | 8. Price of Derivative Security (Instr. 5) | | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | n: ct (D) ndirect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | or Nun of | nber | | | | | | |

Explanation of Responses:

1. The transactions reported in this Form 4 were effectuated pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on August 25, 2008.

Remarks:

/s/Brendan M. Gibbons, Attorney-in-Fact for David

10/20/2008

Pulver

** 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.