## FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

<b>STATEMENT</b>	<b>OF CHANGES</b>	IN BENEFICIAL	<b>OWNERSHIP</b>

1	OIVID APPR	OVAL
	OMB Number:	3235-0287
	Estimated average bur	rden
	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

L. Name and Address of Reporting Person*  BROWN DAVID ALAN					2. Issuer Name and Ticker or Trading Symbol CARTERS INC [ CRI ]								(Chec	ationship of k all applica Director	ble)	Perso	10% Ow	ner	
	Last) (First) (Middle) 170 PEACHTREE STREET SUITE 900				3. Date of Earliest Transaction (Month/Day/Year) 07/01/2008									X Officer (give title Other (specify below)  Executive Vice President					
(Street) ATLAN	Street) ATLANTA GA 30309				4. If Amendment, Date of Original Filed (Month/Day/Year)							Line)	Individual or Joint/Group Filing (Check Applicable Line)      X Form filed by One Reporting Person     Form filed by More than One Reporting Person						
(City)	(S	State)	(Zip)																
1. Title of Security (Instr. 3) 2. Trans				2. Transac	action 2A. Deemed Execution Date,			Code (Instr.			A) or	5. Amount o		Form:	n: Direct	7. Nature of Indirect Beneficial Ownership			
				Code				v	Amount	Amount (A) or (D)		Price	Reported Transaction (Instr. 3 ar	on(s) nd 4)			(Instr. 4)		
Common Stock 07/				07/01/2	1/2008		A		10,00	10,000 <sup>(1)</sup> A		<b>\$0</b> <sup>(2)</sup>	391,584 <sup>(3)</sup>			D			
			Table II - D					quired, l						wned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Date Execution Date	Code	saction (Instr.	of Ex		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amou Securities Underl Derivative Securi (Instr. 3 and 4)		erlying	nt of 8. Price of ying Derivative		er of e s ally g l ion(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title		ount or nber of res						
Employee Stock Option (Right to Purchase)	\$3.08 <sup>(4)</sup>							(5)	0	8/15/2011	Commo Stock	389	9,688 <sup>(3)</sup>		389,68	8 <sup>(3)</sup>	D		
Employee Stock Option (Right to Purchase)	\$22.01 <sup>(4)</sup>							(6)	0	5/13/2012	Commo Stock	60	,000 <sup>(3)</sup>		60,000	<sub>)</sub> (3)	D		
Employee Stock Option (Right to	\$14.18	07/01/2008		A		40,000		07/01/2009	(7) 0	7/01/2018	Commo Stock	4	0,000	(2)	40,00	00	D		

## **Explanation of Responses:**

- 1. These shares are subject to restrictions that lapse in four equal installments beginning on July 1, 2009.
- 2. Granted at no cost to the reporting person.
- 3. The amount of the securities beneficially owned following the transactions reported in this Form 4 reflects a two-for-one stock split effected on June 6, 2006 (the "Stock Split").
- ${\bf 4.\ The\ exercise\ price\ of\ the\ derivative\ securities\ reported\ in\ this\ Form\ 4\ reflects\ the\ Stock\ Split.}$
- 5. These options are all exercisable.
- $6. \ These \ options \ are \ exercisable \ in \ four \ equal, \ annual \ installments \ beginning \ on \ May \ 13, \ 2006.$
- 7. These shares are subject to restrictions that lapse in four equal installments beginning on July 1, 2009.

## Remarks:

/s/Brendan M. Gibbons, 07/03/2008 Attorney-in-Fact for David A. **Brown** 

\*\* 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.