FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| 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

| 1. Name and Address of Reporting Person* Gibbons Brendan M. | | | | | 2. Issuer Name and Ticker or Trading Symbol CARTERS INC [CRI] | | | | | | | | | Check | all app | olicable) | g Person(s) to Iss 10% Ow Other (s | | ner | |
|---|--|--|---------------|--------------------------------|--|---|--|--|--|--------------------------------------|-------|--|---|-------|--|---|--|--|---|---|
| (Last) (First) (Middle) 1170 PEACHTREE STREET SUITE 900 | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/03/2011 | | | | | | | | | X | belov | | | low) | , |
| (Street) ATLANT | TA GA | | 80309 Zip) | | 4. If | 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 Form filed by More than One Reporting Person | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | | | Exec Day/Year) if any | | A. Deemed xecution Date, any //onth/Day/Year) | | Transaction Disposed Code (Instr. 5) | | | ities Acquired (A) d Of (D) (Instr. 3, | | | 5. Amo Securi Benefi Owned Report | ties cially I Following | 6. Ownersh Form: Direc (D) or Indire (I) (Instr. 4) | t of l ct Be Ow | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | Code | v | Amount | (1 | A) or D) | Price | . 1 | Transaction(s) (Instr. 3 and 4) | | | | 1311. 4) | | | |
| Common Stock | | | | 12/03/2011 | | | | F ⁽¹⁾ | | 318 | | D | \$3 | 7 | 19,001(2) | | D | | | |
| | 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) | ative Conversion Date Execution ity or Exercise (Month/Day/Year) if any | | Date, | 4. Transaction Code (Instr. 8) | | of Derive Secue Acque (A) or Disposof (D) (Instr | of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Date Exercisable and Expiration Date Month/Day/Year) Date Expiration Date Expiration Date | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amount or Numbe of Title Shares | | | ice of vative rity r. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Owners Form: Direct (or Indir (I) (Inst | nip of Be O) Ov | . Nature Indirect eneficial wnership nstr. 4) | |

Explanation of Responses:

- 1. The transaction reported in this Form 4 reflects withholding of shares of common stock to satisfy tax withholding obligations resulting from the vesting of restricted stock.
- 2. Some of these restricted shares are subject to time-vesting restrictions.

Remarks:

/s/Brendan M. Gibbons 12/06/2011

** 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.