Instruction 1(b).

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. 20549 |
|-------------|------------|
|-------------|------------|

| Check this box if no longer subject | STATEMENT OF CHANGES IN BENEFICIAL | OWNERSHIP |
|-------------------------------------|------------------------------------|------------------|
| to Section 16. Form 4 or Form 5 | | |
| obligations may continue. See | | |

OMB APPROVAL 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

| Name and Address of Reporting Person* Pivar Ben | | | | | | 2. Issuer Name and Ticker or Trading Symbol CARTERS INC [CRI] | | | | | | | | | eck all app Direc | , | ng Pei | rson(s) to Is 10% O Other (| wner | |
|--|--|--|--------------|--|---|--|--------|---|--------|---|--|--------|-----------------------------|---|--|--|---|-----------------------------------|----------|--|
| (Last) (First) (Middle) 3438 PEACHTREE ROAD NE SUITE 1800 | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/10/2021 | | | | | | | | | | below) SVI | | below) | | | |
| (Street) ATLAN | ΓA GA | | 0326 Zip) | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Line |) K Form Form | idual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | Table | I - Noi | n-Deriva | tive S | Secu | rities | Acq | uired, | Dis | posed of | , or I | Bene | ficia | lly Own | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | Exec if an | Deemed cution Date, y nth/Day/Year) | | Transaction Di | | 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5) | | | Securit Benefic Owned | 5. Amount of Securities Beneficially Owned Following Reported | | wnership n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | | Code | v | Amount | (A) | (A) or (D) | | Transa | Transaction(s) (Instr. 3 and 4) | | | (msu. 4) | |
| Common | Stock | tock 02/10/2021 A 6,120 ⁽¹⁾ A \$0 10,765 ⁽²⁾ D | | | | | | 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) | erivative Conversion Date Execution Date, or Exercise (Month/Day/Year) if any | | | saction e (Instr. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date | | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) Amount or Numb of Title Share | | estr. | B. Price of Derivative Security Instr. 5) | | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | | |

Explanation of Responses:

- 1. These restricted shares are subject to restrictions that either (a) lapse in four equal annual installments beginning one year from the grant date or (b) cliff vest after three years from the grant date.
- 2. Some of these shares are restricted shares that are subject to either time-vesting or performance-based restrictions.

Remarks:

/s/Stewart T. Moran, III, Attorney-in-Fact

02/12/2021

** 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.