FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP
--	-----------	------------	---------------	-----------

OMB APPI	ROVAL
OMB Number:	3235-0287
Estimated average b	urden

0.5

hours per response:

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* ANDREWS WILLIAM F					<u>CC</u>	2. Issuer Name and Ticker or Trading Symbol CORRECTIONS CORP OF AMERICA								Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner							
						CXW]								Λ				Other (s			
(Last) (First) (Middle) 1409 MORAN ROAD						3. Date of Earliest Transaction (Month/Day/Year) 02/15/2006								Officer (give title Other (spelow) below)					фсону		
						If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable						
(Street)					4. 11	r Ame	nament,	Date	of Original	⊢⊪ea	(Month/D	ay/Year)		. Inar ine)	vidual or .	Joint/Group) Filiné	ј (Спеск Ар	plicable		
FRANK	LIN T	N	37069											X	Form f	iled by One	e Rep	orting Perso	n		
(City)	(S	tate)	(Zip)											Form filed by More than One Reporting Person					rting		
(9)	(-																				
		Tab	le I - Noi	n-Deriv	ative	e Se	curitie	s Ac	quired,	Dis	osed o	of, or Be	nefici	ally	Owned	1					
Date			2. Trans Date (Month/I		Execution Date,			Code (I	Transaction Disposed Of (D) (Instr. 3, 4 Code (Instr. 5)				4 and Securiti Benefic		es	Form (D) o	orm: Direct D) or Indirect	7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A) or (D)		•	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
CXW Common Stock 02/15,					5/2006	/2006		A ⁽¹⁾		1,242 A S		\$0.	.00	51,290			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)	2. Conversion or Exercise Price of Derivative Security	Date (Month/Day/Year) if	3A. Deem Execution if any (Month/Da	Date,	Date, Transactio Code (Inst		on of		6. Date Exercisal Expiration Date (Month/Day/Year		Amount Securitie Underly Derivatie		ount of urities		Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e s ully	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				C	Code	v	(A)	(D)	Date Exercisabl		Expiration Date	Title	Amour or Number of Shares	r							
Employee Stock Option (Right to Purchase)	\$42.81	02/15/2006			A ⁽²⁾		3,425		02/15/200	7 02	2/15/2016	CXW Common Stock	3,425	5	\$0.00	3,425		D			

Explanation of Responses:

- 1. The 1,242 restricted shares are subject to vesting over a three-year period based upon satisfaction of certain performance criteria for the fiscal years ending December 31, 2006, 2007 and 2008. No more than one third of such shares may vest in the first performance period, however, the performance criteria are cumulative for the three-year period.
- 2. The Company granted to reporting person the option to purchase up to 3,425 shares of common stock vesting over a three period on the anniversary date of the grant in equal increments.

Remarks:

Todd Mullenger

02/26/2006

** 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.