FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL								
OMB Number: 3235-0104								
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

DaDante Anthony M Requirin (Month/II)			2. Date of Event Requiring Staten Month/Day/Year 06/20/2005	quiring Statement onth/Day/Year) CORRECTIONS CORP OF AMERICA [ CXW						CXW ]		
(Last) (First) (Middle) 10 BURTON HILLS BOULEVARD		(Middle)	00,20,200		Relationship of Reporting Persi (Check all applicable)     Director		on(s) to Issuer 10% Owner		5. If Amendment, Date of Original Filed (Month/Day/Year)			
(Street) NASHVILLE	TN	37215			X	Officer (give title below)  EVP, Chief People	Other (spe below) Officer	cify		icable Line) Form filed b	t/Group Filing (Check  y One Reporting Person  y More than One erson	
(City)	(State)	(Zip)										
		Т	able I - Non	-Derivati	ive Se	ecurities Beneficiall	y Owned					
1. Title of Security (Instr. 4)				١,					4. Nature of Indirect Beneficial Ownership (Instr. 5)			
1. Title of Securi	ty (instr. 4)					nt of Securities ally Owned (Instr. 4)	Form: Direct or Indirect	t (D)			Beneficial Ownership	
No securities b		vned					Form: Direct or Indirect	t (D)			Beneficial Ownership	
				Derivative	e Secu	ally Owned (Instr. 4)	Form: Direct or Indirect (Instr. 5)	et (D) (I)			Beneficial Ownership	
	eneficially ow	(e. <u>ç</u>		Derivative Is, warra	e Secunts, o	ally Owned (Instr. 4)  0  urities Beneficially (	Form: Direct or Indirect (Instr. 5)  D  Owned securities	et (D) (I)	rsion rcise		6. Nature of Indirect Beneficial Ownership (Instr. 5)	

**Explanation of Responses:** 

Remarks:

Anthony M. DaDante 06/29/2005

\*\* Signature of Reporting Person Dat

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).