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* <u>Grande Anthony L</u>					<u> </u> C	2. Issuer Name and Ticker or Trading Symbol CORRECTIONS CORP OF AMERICA CXW ]							(Che	5. Relationship of Reporting Person(s) to Issue (Check all applicable)  Director 10% Own  X Officer (give title Other (spe				vner
(Last) (First) (Middle) C/O CORRECTIONS CORP OF AMERICA 10 BURTON HILLS BOULEVARD						3. Date of Earliest Transaction (Month/Day/Year) 04/16/2015								EVP, C	Chief Dev		below)` nent Offic	er
(Street) NASHVILLE TN 37215				_   4.	4. If Amendment, Date of Original Filed (Month/Day/Year)							Line)	Individual or Joint/Group Filing (Check Applicable le)  X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(S	state)	(Zip)															
Table I - Non-Deriva  1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day)				action	ion 2A. Dee Execution (Year) if any		med	3. 4. Secu		4. Securities	of, or Benefic es Acquired (A) or Of (D) (Instr. 3, 4 an		5. Amour Securitie Beneficia Owned F	s illy ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D)	Price	Reported Transacti (Instr. 3 a	tion(s)			(Instr. 4)
Common Stock 04/16/2					6/2015	)15		М		11,175(1)	A	\$22.34(1	120,463			D		
Common Stock 04/16/20				6/2015	015			<b>S</b> <sup>(2)</sup>		11,175	D	\$39.331	7 109	,288		D		
			Table II								oosed of, convertib			Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transa Code ( 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported	e s Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)
					Code	v	(A)	(D)	Date Exerci	sable	Expiration Date	Title	Amount or Number of Shares		Transacti (Instr. 4)	JII(3)		
Stock Option (Right to Buy)	\$22.34 <sup>(1)</sup>	04/16/2015			M			11,175 <sup>(1)</sup>	(3	3)	03/16/2022	Common Stock	11,175	\$0.00	0		D	

## Explanation of Responses:

- 1. As adjusted to reflect an increase in the number of shares underlying the option and a decrease in the per share exercise price of such option as a result of the special dividend paid to stockholders of record on April 19, 2013 in connection with the Issuer's REIT conversion.
- 2. The sale reported in this Form 4 was effected pursuant to a Rule 10b5-1 trading plan adopted by the Reporting Person on November 7, 2014.
- $3. \ The \ option \ vested \ in \ three \ substantially \ equal \ installments \ on \ March \ 16, \ 2013, \ 2014 \ and \ 2015.$

## Remarks:

/s/ Cameron Hopewell, Attorney-in-Fact 04/19/2015

\*\* 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.