Instruction 1(b).

FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington,	DС	20549
rvasiliigion,	D.C.	20040

Check this box if no longer subject to Section 16. Form 4 or Form 5	STATEMENT OF C
obligations may continue. See	

## CHANGES IN BENEFICIAL OWNERSHIP

**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*     Hininger Damon T					2. Issuer Name and Ticker or Trading Symbol CoreCivic, Inc. [ CXW ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
										-				X	Direc	tor		10% O	wner
(Last)	(Fir	est) (N	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 03/08/2024									Office below	cer (give title ow)		Other (sbelow)	specify	
C/O CORECIVIC, INC.						03/00/2024									President & CEO				
5501 VIRGINIA WAY, SUITE 110					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)														X Form filed by One Reporting Person					
, ,	WOOD TN	3	7027											Form filed by More than One Reporting Person				orting	
(City)	(St	ate) (Z	<u>Z</u> ip)		Rule 10b5-1(c) Transaction Indication														
	Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plasatisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.											en pla	n that is inte	nded to					
		Table	I - No	on-Deriva	tive S	Secui	rities	Acc	uired	l, Dis	posed of	, or B	enefici	ally C	)wn	ed			
1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day)					/Year) Executi		ution Date,				s Acquired (A) of f (D) (Instr. 3, 4		nd 5)   Securit Benefic		ties	Form (D) o	Form: Direct	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D)	Price			ted action(s) 3 and 4)	n(s)		(Instr. 4)
Common Stock 03/08/2					024				S		50,525	D	\$14.6	<b>2</b> <sup>(1)</sup>	820,262			D	
		Tal	ole II								osed of, convertib				vned	d			
				· • · · ·		1115, V			•					<u>,                                     </u>	_				1
1. Title of Derivative Security (Instr. 3)	vative Conversion Date Execution Date, urity or Exercise (Month/Day/Year) if any		4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		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. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	,	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)			
					Code V (A)		(D)	Date Exerci	Expiration o		Amount or Number of Shares								

## **Explanation of Responses:**

1. The price reported in Column 4 is a weighted average price. The shares were sold in multiple transactions at prices ranging from \$14.50 to \$14.89, inclusive. The Reporting Person undertakes to provide to the Issuer, any security holder of the Issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares purchased at each separate price within the ranges set forth in this footnote

Michael Grant

03/11/2024

\*\* 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.