FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL										
	OMB Number:	3235-0287									
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Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(h)

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*						2. Issuer Name and Ticker or Trading Symbol CORRECTIONS CORP OF AMERICA										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
BOULDIN KENNETH A							CXW]										r		10% Ov	·		
(Last) (First) (Middle)							-										X Officer (give title below)			specify		
							3. Date of Earliest Transaction (Month/Day/Year) 07/01/2005										EVP, Chief Development Officer					
10 BURTON HILLS BOULEVARD							07/01/2003															
(Street)		- 4. I	4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable Line)									
NASHVILLE TN 37215																X Form filed by One Reporting Person						
					-											Form filed by More than One Reporting						
(City) (State) (Zip)																Persor						
		Tab	le I - No	n-Deri	vativ	e Se	curit	ties A	cqu	uired, I	Disp	osed o	f, or l	Bene	eficially	y Owned	l					
1. Title of Security (Instr. 3) 2. Transac							2A. De			3. 4. Securities Acquired (A)										7. Nature		
Date (Month/D					n/Day/Ye	Execution Date ay/Year) if any				e, Transaction Disposed Of (D) (Instr. 3, Code (Instr. 5)					3, 4 and	Securiti Benefici				of Indirect Beneficial		
							(Month/Day/Year)			ar) 8)		<u> </u>				Owned I Reporte	ollowing (I)		(Instr. 4)	Ownership (Instr. 4)		
										Code	٧	Amount	(A (D) or	Price	Transac (Instr. 3				, ,		
CXW Co	mmon Stoc	01/200	2005			\neg	M ⁽¹⁾		5,000		A	\$16.74	18	,333		D						
									3,000		**			1								
CXW Co	mmon Stoc)1/200	/2005				S ⁽¹⁾		5,000 D \$		\$39.36	5 13	13,333		D							
		-	Table II -													Owned						
				(e.g.,	puts,	call	s, wa	arrant	s, c	option	s, c	onvertil	ole se	curi	ties)							
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date,		Transaction Code (Instr.		umber ivative urities uired or oosed O) tr. 3, 4 5)	Exp	Date Exer piration E onth/Day/	Date		7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Dat Exe	te ercisable		expiration Date	Title	0 N 0	Amount or Jumber of Shares							
Employee Stock Option (Right to	\$16.74	07/01/2005			M			5,000	02/	/12/2004 ⁽²	2) 0	2/12/2013	CXV Comm Stoc	ion 5	5,000	\$16.74	66,667	7	D			

Explanation of Responses:

- 1. Represents partial exercise of employee stock option and sale of shares acquired through exercise pursuant to a Rule 10b5-1 trading plan.
- 2. Represents partial exercise of vested portion of employee stock options that vests in equal increments beginning on February 12, 2004. After reported exercise, 25,000 shares are vested and the remaining 41,667 shares will vest on February 12, 2006.

Remarks:

Kenneth Bouldin

 $\underline{07/01/2005}$

** 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.