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 burd | en | | | | | | | | |
| 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 S | Section | n 30(h) | of the I | nvestme | nt Coi | mpany Act | of 194 | 40 | | | | | | | | |
|---|--|---------|----------------|--|--|---|---|---|----------|--------------------------------------|--------|--------------------|--|-----------------|---|---|--|--|---|---|--|--|
| 1. Name and Address of Reporting Person* Murphy Devin Ignatius | | | | | 2. Issuer Name and Ticker or Trading Symbol CoreCivic, Inc. [CXW] | | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | | |
| | | | | | 1 | | | | | - | | | | | X | Direc | ctor | | 10% C | wner | | |
| (Last) | (First) (Middle) | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/14/2019 | | | | | | | | | | Office | er (give title w) | | Other below) | (specify | |
| 5501 VIRGINIA WAY, SUITE 101 | | | | | | 4. If | If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | | |
| (Street) | | | | | | | | | | | | | | | | ne) X | Farm | filed by One | Danas | tina Dara | | |
| BRENTWOOD TN 37027 | | | | | | | | | | | | | | | | | Form filed by More than One Reporting | | | | | |
| (City) | | (State) | (2 | Zip) | | | | | | | | | | | | | Pers | on | | | | |
| | | | Table | e I - Nor | -Deriv | ative | Sec | curitie | s Ac | quired | , Dis | posed o | f, o | r Ben | eficia | ally (| Owne | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | | ar) E | xecutio any | Deemed ecution Date, ny onth/Day/Year) | | Transaction Disposed Code (Instr. 5) | | | ities Acquired (A) d Of (D) (Instr. 3, | | | Securi Benefi Owned | | | nership Direct Indirect tr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | | Code | v | Amount | | (A) or (D) | Price | | Reported Transaction(s) (Instr. 3 and 4) | | | | (111501.4) | |
| Common Stock 08/14/ | | | | | | |) | | | | | 300 | | A | \$17 | 7.5 | 7 | 7,925 | | 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 Exercis Price of Derivative Security | on Dar | onth/Day/Year) | 3A. Deem Execution if any (Month/Da | Date, | 4. Transaction Code (Instr. B) | | | | 6. Date I Expiration (Month/I | on Dat | | 7. Title Amour Securit Underl Derivat Securit and 4) | | str. 3 | 8. Price of Derivative Security (Instr. 5) | | 9. Number of derivative Securities Beneficially Owned Following Reported Transactions (Instr. 4) | Owner Form: Direct or Indi (I) (Ins | vnership | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | or Nur of | ount mber ires | | | | | | | |

Explanation of Responses:

Remarks:

/s/ Cameron Hopewell, Attorney-in-Fact 08/14/2019

** 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.