FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| l | OMB APPRO | VAL | | | | |
|---|-------------------------|-----------|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | |
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| l | hours per response: | 0.5 | | | | |

| | Check this box if no longer subject to | | | | | | | | |
|--------|--|--|--|--|--|--|--|--|--|
| \neg | 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* GARFINKLE DAVID | | | | | | | 2. Issuer Name and Ticker or Trading Symbol CORRECTIONS CORP OF AMERICA CXW] | | | | | | | | | Check all a Dir | | | Issuer Owner r (specify | |
|---|--|------|--|---|---------|--|--|--------|---|------------------|--|---------------------|---|---|--|--|---|---|---|--|
| (Last) (First) (Middle) 10 BURTON HILLS BOULEVARD | | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/27/2012 | | | | | | | | | X Officer (give title Other (specify below) Vice President, Finance | | | | |
| (Street) NASHVILLE TN 37215 (City) (State) (Zip) | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | | Tabl | e I - Noi | n-Deriv | /ative | Se | curiti | es Acc | quired, | Dis | posed o | f, or | Ben | eficia | ally Ow | ned | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | | | ay/Year) Exec | | A. Deemed xecution Date, any Month/Day/Year) | | | | ities Acquired (A) d Of (D) (Instr. 3, 4 | | | nd Sec Ben Owr | mount of urities eficially ed Following orted | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | | A) or D) | Price | Tran | saction(s) r. 3 and 4) | | (Instr. 4) | | |
| CXW Common Stock 02/27/ | | | | | | | | | | A ⁽¹⁾ | | 5,832 | | A | \$0. | 00 | 27,450 | D | | |
| CXW Common Stock 02/27/ | | | | | | | 2 | | | | | 1,543 | | D | \$24 | .77 | 7 25,907 | | | |
| | | | Та | | | | | | | | | sed of, onvertib | | | | y Owne | d | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercis Price of Derivative Security | on [| 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Da | Date, | | Transaction Code (Instr. | | of I | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | 8. Price o Derivative Security (Instr. 5) | | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | or | ount nber ıres | | | | | |

Explanation of Responses:

- 1. Issuance of stock by company upon vesting of a portion of performance-based restricted stock units granted to the reporting person in 2009, 2010 and 2011.
- 2. Securities withheld to pay tax liability incident to vesting (upon satisfaction of certain performance-based vesting conditions) of a portion of performance-based restricted stock units granted in 2009, 2010 and 2011.

Remarks:

Scott Craddock, Attorney in

02/29/2012

<u>Fact</u>

** 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.