FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 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* Grande Anthony L (Last) (First) (Middle) 10 BURTON HILLS BOULEVARD | | | | | | Issuer Name and Ticker or Trading Symbol CORRECTIONS CORP OF AMERICA [CXW] In Date of Earliest Transaction (Month/Day/Year) 10/18/2013 | | | | | | | | (Check | EVP, Chief Development Officer | | | | ner pecify er |
|--|--|--|--|---------|--|---|-------------------------------|--------|--------------------------------|--------|---|------------------------|-----------------------------------|---|--|---|---|-----------|---------------------------------------|
| (Street) NASHVILLE TN 37215 (City) (State) (Zip) | | | | _ | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Line) X | Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date | | | | | | | on 2A. Deemed Execution Date, | | | t, Di | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a | | | | 5. Amount of Securities | | | | 7. Nature of Indirect |
| (Month/Day | | | | | ay/Yeai | /Year) if any (Month/Day/Year) | | | Code (Instr. 8) | | Amount (A) or Brie | | Price | | Reported Transact | Following (i) (i d tion(s) | | str. 4) | Beneficial Ownership (Instr. 4) |
| CXW Common Stock 10/18/20 | | | | | | 013 | | M | | 11,750 | (D) | \$17 | 7.57 | (Instr. 3 and 4) 107,487 ⁽¹⁾ | | | D | | |
| CXW Common Stock 10/18/20 | | | | | /2013 | 2013 | | | | | 11,750 | D | \$37. | 37.4384 95 | | 737(1) | | 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 Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deen Executio if any (Month/D | n Date, | 4. Transa Code (I 8) | | | | 6. Date Expirati (Month/ | on Da | | e of Securities | | D | Price of erivative ecurity nstr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | Ownersh Form: Direct (Dor Indire (I) (Instr. | Ownership | Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisa | able | Expiration Date | Title | Amou or Numb of Share | per | | | | | |
| Employee Stock Option (right to | \$17.57 | 10/18/2013 | | | М | | | 11,750 | 02/18/2 | 013 | 02/18/2020 | CXW Common Stock | 11,7 | 50 | \$0.00 | 1,535 ⁽² | 2) | D | |

Explanation of Responses:

- 1. Includes 24,154 restricted stock units ("RSU's") and 4,138 dividend equivalent rights accrued on the RSU's, each representing a contingent right to receive one share of issuer common stock.
- 2. Entries in column 9 of table II with respect to this option grant were reported incorrectly in filings dated; due to an administrative error. The present entry correctly reflects the number of option shares remaining after the reported transaction.

Remarks:

Shares sold pursuant to 10b5-1 trading plan.

. Craddock, Attorney in Scott L Fact

10/22/2013

** 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.