## FORM 4

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

Washington,	D.C.	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL									
I	OMB Number:	3235-0287								
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  JACOBI C MICHAEL						CORRECTIONS CORP OF AMERICA [  CXW ]  S. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X. Director 10% Owner Officer (give title Other (specify)													
(Last) (First) (Middle)  10 BURTON HILLS BLVD.  (Street)  NASHVILLE TN 37215							of Earli 2013	iest Trans	saction (M	onth/i	Day/Year)			below)	(give title		below)	вреспу 	
					4.										6. Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting				
(City)	(S	tate)	(Zip)												Person				
		Tak	ole I - Noi	ո-Deri	vativ	e Se	curit	ties Ac	quired,	Dis	posed o	f, or Be	nefici	ally	Owned				
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Y		/Year) Exe		A. Deemed execution Date, any Month/Day/Year)		3. Transaction Code (Instr. 8)					5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		Ownership		
								Code	v	Amount	(A) o (D)	r Price	e	Reported Transact (Instr. 3 a	ion(s)			(Instr. 4)	
CXW Co	mmon Stoc	·k		04/0	1/201	3			М		12,00	0 A	\$7	'.13	35,8	312 <sup>(1)</sup>		D	
CXW Co	mmon Stoc	k		04/0	1/201	3			М		12,00	0 A	\$13	1.89	47,8	B12 <sup>(1)</sup>	2 <sup>(1)</sup> D		
CXW Co	mmon Stoc	k		04/01/2013		3			М		12,00	0 A	\$12	2.32	59,8	9,812(1)		D	
CXW Co	mmon Stoc	k		04/0	1/201	3			М		12,00	0 A	\$10	6.56	71,8	312 <sup>(1)</sup>	D D		
CXW Co	mmon Stoc	k		04/0	1/201	3			M		13,45	9 A	\$15	5.46	85,2	85,271 <sup>(1)</sup> 97,422 <sup>(1)</sup>		D	
CXW Co	mmon Stoc	k		04/0	1/201	3			M		12,15	1 A	\$20	0.76	97,4			D	
		•	Table II -								osed of, converti				wned				
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/Day	Date,		5. Number of ode (Instr. Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)					D	Price of erivative ecurity nstr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	Amou or Numb of Share	er					
Stock Option (Right to Buy)	\$7.13	04/01/2013			M			12,000	05/15/20	03 (	05/15/2013	CXW Common Stock	12,00	00	\$0.00	0		D	
Stock Option (right to buy)	\$11.89	04/01/2013			M			12,000	05/13/20	04 (	05/13/2014	CXW Common Stock	12,00	00	\$0.00	0		D	
Stock Option (right to buy)	\$12.32	04/01/2013			M			12,000	05/10/20	05 (	05/10/2015	CXW Common Stock	12,00	00	\$0.00	0		D	
Stock Option (right to buy)	\$16.56	04/01/2013			M			12,000	05/11/20	06 (	05/11/2016	CXW Common Stock	12,00	00	\$0.00	0		D	
Stock Option (Right to Buy)	\$15.46	04/01/2013			M			13,459	05/14/20	09 (	05/14/2019	CXW Common Stock	13,45	59	\$0.00	0		D	
Stock Option ( right to buy)	\$20.76	04/01/2013			M			12,151	05/13/20	10	05/13/2020	CXW Common Stock	12,15	51	\$0.00	0		D	

## **Explanation of Responses:**

1. Includes 2706 restricted stock units, each representing a contingent right to receive one share of issuer common stock.

## Remarks:

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.