FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Washington, D.C. 20549

| | OMB |
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| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP | OMB Number |
| | Estimated ave |

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| OMB APPROVAL | | | | | | | | | |
|-----------------------|------|--|--|--|--|--|--|--|--|
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| Estimated average bu | rden | | | | | | | | |
| hours per response: | 0.5 | | | | | | | | |

| 1. Name and Address of Reporting Person* DECONCINI DENNIS (Last) (First) (Middle) | | | | | CX CX | 2. Issuer Name and Ticker or Trading Symbol CORRECTIONS CORP OF AMERICA CXW] | | | | | | | | | 5. Relationship of Rep (Check all applicable) X Director Officer (give below) | | | ng Persor | 10% C | owner (specify |
|---|--|------|---------------|---------|---|---|----------------|-------------------------------------|--------------------------------------|-----------|--------------------|--|--|----------------------|--|---|----|--|---|-------------------|
| C/O CORRECTIONS CORP OF AMERICA 10 BURTON HILLS BLVD. | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/30/2013 | | | | | | | | | | | | | | |
| (Street) NASHVI | | | 37215 Zip) | | _ 4. If | | | | | | | | | | 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 | າ-Deri\ | /ative | Se | curitie | s Acc | quired, | Dis | posed o | f, or | Ben | eficia | ally | Owne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | Exe | | P.A. Deemed Execution Date, f any Month/Day/Year) | | Code (| Transaction Disposed Code (Instr. 5) | | | rities Acquired (A) d Of (D) (Instr. 3, | | | Securi Benefi Owned | 5. Amount of Securities Beneficially Owned Following Reported | | ership Direct ndirect :. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | Code | v | Amount | | A) or D) | Price | • | Transaction(s) (Instr. 3 and 4) | | | | (11134114) | |
| CXW Common Stock 04/30 | | | | | 0/2013 | 3 | | | A | | 1,904 | 1,904 A S | | \$ <mark>0</mark> . | 00 19,090(1) | | Г |) | | |
| | 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) | ivative Conversion Date Execution Date, or Exercise (Month/Day/Year) if any | | | | Transaction of Code (Instr. 8) Si Ai (A | | osed . 3, 4 | 6. Date E. Expiratio (Month/D | n Dat | Amount of | | str. 3 | 8. Price of Derivative Security (Instr. 5) | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | 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 | or Nur of | ount nber ıres | | | | | | |

Explanation of Responses:

1. Includes 2706 restricted stock units, each representing a contingent right to receive one share of issuer common stock on the anniversary date of grant (February 21, 2013).

Remarks:

Scott L. Craddock, Attorney in 05/07/2013

<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.