FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 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).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

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Name and Address of Reporting Person* Contact Colo C						2. Issuer Name and Ticker or Trading Symbol CoreCivic, Inc. [CXW]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
<u>Carter, Cole G.</u>										_					Direc			10% Ov	-	
														V	Office below	er (give title		Other (s	specify	
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year)								-		′		,			
C/O CORECIVIC						12/02/2024									EVP,	General Co	Junse	i, secreta	пу	
5501 VIRGINIA WAY, SUITE 110																				
						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Inc	6. Individual or Joint/Group Filing (Check Applicable					
(Street)					(Line)	Line)						
BRENTWOOD TN 37027													V	Form filed by One Reporting Person Form filed by More than One Reporting Person						
(C:t-1)	(0	tota) /-	7:\												Perso	ווו				
(City)	(5	tate) (Ž	Zip)																	
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day					Execution Date,		tion Date,				es Acquired (A) Of (D) (Instr. 3, 4				ties cially I Following	Form (D) or	r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
							Ì	Code	v	Amount	(A) or (D) Pri		rice	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
Common Stock 12/02/2					.024			S ⁽¹⁾		8,000	D	_	21.8 ⁽²	+	91,847		D			
											0,000					1,0 .7				
		Tal									osed of, o				Owne	d				
				(e.g., pu	ts, ca	lls, v	varrant	ts, d	option	ns, c	onvertib	le se	curit	ies)						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Expirati (Month/		Amount of Securities Underlying Derivative Security (In: 3 and 4)		S (I	Price of erivative ecurity nstr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4)	y [1]	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
													Amo or	unt						

Explanation of Responses:

- 1. The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person.
- 2. This transaction was executed in multiple trades at prices ranging from \$21.80 to \$21.81. The price reported above reflects the weighted average sale price. The reporting person hereby undertakes to provide upon request to the SEC staff, the issuer or a security holder of the issuer full information regarding the number of shares and prices at which the transaction was effected.

(D)

Date

Exercisable

Mike Grant

Title

Expiration

Date

12/03/2024

** Signature of Reporting Person Date

Shares

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).

Code

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.