FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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| l | OMB APPRO | OVAL |
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| | OMB Number: | 3235-0287 |
| l | Estimated average burd | en |
| l | 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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* <u>Mayberry Lucibeth</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol CoreCivic, Inc. [CXW] | | | | | | | | (Check | tionship of Reporting all applicable) Director Officer (give title | | Person(s) to Issuer 10% Owner Other (specify | | | |
|--|--|----------|-----------------|------------|--|---|--------|------|--|--------------------|----------|---|---------|---|--|---|---|--|--|
| (Last) (First) (Middle) C/O CORECIVIC, INC. | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/22/2017 | | | | | | | | X | | below) be EVP, Real Estate | | | |
| 10 BURTON HILLS BOULEVARD | | | | | 4 If | If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| (Street) NASHVILLE TN 37215 | | | | | 4. II Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Line) | | | | | | |
| (City) | (| State) (| Zip) | | | | | | | | | | | | 1 013 | 1011 | | | |
| | | Tab | e I - 1 | lon-Deriv | ative | Sec | uritie | s Ac | quire | ed, Di | sposed o | f, or E | Benefic | ially | Owne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye | | | | | | Execution Date, | | ıte, | | | | Acquired (A) or (D) (Instr. 3, 4 and | | d 5) Sec Ber Ow | | ount of rities ficially ed Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | | Reported Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) | |
| Common Stock 05/22/201 | | | | | 17 | | S | | 5,000 | D | \$30.53 | 397 ⁽¹⁾ | 45,615 | | 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. Conversio or Exercise Price of Derivative Security | | Execu if any | tion Date, | 4. Transa Code (8) | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | Deriv Secu (Inst | | ative derivative ity Securities | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | Code V (A) (D) | | | | Expiration Date | Title | Number of Shares | r | | | | | | |

Explanation of Responses:

1. The price reported in Column 4 is a weighted average price. The shares were purchased in multiple transactions at prices ranging from \$30.537 to \$30.56, inclusive. The Reporting Person undertakes to provide to the Issuer, any security holder of the Issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares purchased at each separate price within the ranges set forth in this footnote.

Remarks:

/s/Cameron Hopewell, Attorney-in-Fact 05/23/2017

** 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.