FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

ngton, D.C. 20549	OMB APPROVAL

	OMB Number:	3235-0287
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ı	hours per reepence:	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*  CORRENTI JOHN D					2. Issuer Name <b>and</b> Ticker or Trading Symbol CORRECTIONS CORP OF AMERICA								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
CORRENTIONIND				C	CXW ]								X	Directo	r		10% Ow	/ner		
						· 1									Officer below)	(give title		Other (s below)	pecify	
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year)									below)			below)			
13400 BISHOPS LANE					05	05/16/2008														
(Street)					4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
BROOK	FIELD V	VI	53005											X	Form fi	led by One	Repo	rting Persor	۱	
(City)		State)	(7in)												Form filed by More than One Reporting Person				ting	
(City)	(,	<u> </u>	(Zip)																	
		Tal	ble I - Non	-Deriv	/ativ	e Se	curitie	s Ac	quired,	Dis	posed o	f, or Be	nefic	ially	Owned					
1. Title of	Security (Ins	str. 3)		2. Trans	action	n	2A. Deem		3. 4. Securities Acquired (A)					or .	5. Amour	nt of 6. Ow			7. Nature of	
				Date (Month/l	Day/Y	Execution Date, ay/Year) if any			e, Transaction Disposed Of ( Code (Instr. 5)			Of (D) (Ins	str. 3, 4	and	Securities Beneficially		Form: Direct (D) or Indirect		Indirect Beneficial	
					-	(Month/Day/Yea			ar) 8)				Owned F Reported					Ownership (Instr. 4)		
							Code	v	Amount	(A) o (D)	r Pri	Trans		ction(s) and 4)			(11130.4)			
Table II - Derivati					tive	Sec	urities	Aco	uired. D	isp	osed of.	or Ben	eficia	ally C	wned					
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of	2.	3. Transaction	3A. Deemed	4						. Date Exercisable and		7. Title and An			8. Price of	9. Numbe		10.	11. Nature	
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)	Execution Da		ransa Code (l				Expiration (Month/Da			of Securities Underlying		Derivative Security		derivative Securities		Ownership Form:	of Indirect Beneficial	
(Instr. 3)	Price of	(months buy, real)	(Month/Day/\				Securities		r , , ,			Derivativ	e Secu	curity (Instr. 5)		Beneficially		Direct (D)	Ownership	
Derivative Security						Acquired (A) or			(Instr. 3 and 4)							Owned Following Reported Transaction(s)		or Indirect (	(Instr. 4)	
						Disposed of (D) (Instr.														
						3, 4 and 5)										(Instr. 4)				
													Amo	unt						
													or Num	ber						
					ode	v	(A)	(D)	Date Exercisab		Expiration Date	Title	of Shar	es						
Stock		<del>                                     </del>					<del>                                     </del>			$\dashv$			+	_						
Option (Right to	\$25.79	05/16/2008		1	<b>A</b> <sup>(1)</sup>		13,459		05/16/2009	<b>9</b> (2)	05/16/2018	CXW Common Stock	13,4	459	\$0.00	13,45	9	D		

## Explanation of Responses:

- 1. Granted under the Company's 2008 Stock Incentive Plan upon the reelection of the reporting person to the Company's Board of Directors on May 16, 2008.
- 2. Option will vest in full on the first anniversary date of the grant.

## Remarks:

Scott L. Craddock, Attorney in

05/20/2008

<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.