| SEC Form 4 | |
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| FORM | 4 |

4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| | Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). |
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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 10b5-

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

| OMB APF | ROVAL |
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| 1(c). See Instruction 10. | | | | | | | | | | | | |
|--|--|---|---|---------|------------------------------------|--------|------------------|--|---|---|--|--|
| 1. Name and Address of Reporting Person [*] <u>Hylton Stacia</u> | | 2. Issuer Name and Ticker or Trading Symbol <u>CoreCivic, Inc.</u> [CXW] | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
| | | | | | | | ~ | Director | 10% 0 | | | |
| (Last) (First) (Middle) C/O CORECIVIC | | 3. Date of Earliest Transaction (Month/Day/Year) 12/09/2024 | | | | | | Officer (give title below) | Other below | (specify) | | |
| 5501 VIRGINIA WAY, SUITE 110 | 4. lf A | Amendment, Date o | f Origina | al File | d (Month/Day | /Year) | 6. Indi Line) | vidual or Joint/Grou | p Filing (Check | Applicable | | |
| (Street) | | | | | | | | Form filed by On | e Reporting Per | son | | |
| BRENTWOOD TN 37027 | | | | | | | | Form filed by More than One Reporting Person | | | | |
| (City) (State) (Zip) | | | | | | | | | | | | |
| Table I - No | n-Derivative S | Securities Acq | uired | , Dis | posed of, | or Bei | neficially | y Owned | | | | |
| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | | 4. Securities Disposed Of 5) | | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | Code V | | Amount (A) or (D) | | Price | Transaction(s) (Instr. 3 and 4) | | (1130.4) | | |
| Common Stock | 12/09/2024 | | S | | 1,800 | D | \$21.37 | 78,871 | D | | | |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| | | | (e.g., pr | 113, 00 | ans, 1 | varie | anto, | options, c | | 10 30 | cunties |) | | | |
|---|---|--|---|------------------------------|--------|-------------|---------------------------|--|--------------------|-----------------------|---|---|--|--|--|
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | of Deriv | r osed) r. 3, 4 | 6. Date Exerc Expiration Da (Month/Day/Y | ate | Secu Unde Deriv | unt of rities rlying ative rity (Instr. | 8. Price of Derivative Security (Instr. 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 Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

Mike Grant

12/09/2024

** 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.