FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPR	OVAL			
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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* FISCHER ALEXANDER R	2. Date of E Requiring S (Month/Day) 03/15/202	tatement /Year)	3. Issuer Name and Ticker or Trading Symbol CoreCivic, Inc. [CXW]					
(Last) (First) (Middle) C/O CORECIVIC, INC.			4. Relationship of Reporting Issuer (Check all applicable)		•	5. If Amendment Filed (Month/Day	, Date of Original //Year)	
5501 VIRGINIA WAY, SUITE 110	,	A =		ther (specify	Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting			
(Street) BRENTWOOD TN 37027	,		,	,		^ Person	by More than One	
(City) (State) (Zip)								
Table I - Non-Derivative Securities Beneficially Owned								
1. Title of Security (Instr. 4)						4. Nature of Indirect Beneficial Ownership (Instr. 5)		
1. Title of Security (Instr. 4)			2. Amount of Securities Beneficially Owned (Instr. I)	Form: [(D) or Ir	Direct ndirect			
1. Title of Security (Instr. 4) Common Stock			Beneficially Owned (Instr.	Form: [(D) or Ir	Direct ndirect r. 5)			
Common Stock		erivative	Beneficially Owned (Instr. I)	Form: I (D) or II (I) (Insti	Direct ndirect r. 5)	Ownership (Instr.		
Common Stock		erivative s, warran	Seneficially Owned (Instr.) 0 Securities Beneficia	Form: I (D) or II (I) (Insti	Direct ndirect r. 5)	Ownership (Instr.		

Explanation of Responses:

Michael Grant

05/15/2024

** 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 5 (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.