SEC Form 3

FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL

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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

| 4. Relationship of Reporting Pers (Check all applicable) | on(c) to lecuor | 1 | 3. Issuer Name and Ticker or Trading Symbol <u>CoreCivic, Inc.</u> [CXW] | | | | |
|------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| Director | 10% Owner | (Mor | 5. If Amendment, Date of Original Filed (Month/Day/Year) | | | | |
| X Officer (give title below) SVP. General Counse | Other (specify below) | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | |
| | i, occiciai | | | y More than One | | | |
| | | | | | | | |
| Table I - Non-Derivative Securities Beneficially Owned | | | | | | | |
| 2. Amount of Securities Beneficially Owned (Instr. 4) | Form: Direct | (D) (Instr. | 4. Nature of Indirect Beneficial Ownership (Instr. 5) | | | | |
| 0 | D | | | | | | |
| Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | |
| | ty (Instr. 4) | Conversion or Exercise | 5. Ownership Form: | 6. Nature of Indirect Beneficial Ownership (Instr. 5) | | | |
| ion Title | Amount | Derivative | or Indirect (I) (Instr. 5) | | | | |
| | X Officer (give title below) SVP, General Counse vative Securities Beneficial 2. Amount of Securities Beneficially Owned (Instr. 4) 0 ive Securities Beneficially rrants, options, convertible and 3. Title and Amount of Securi Underlying Derivative Securi | X Officer (give title below) Other (spec below) SVP, General Counsel, Secretar vative Securities Beneficially Owned 2. Amount of Securities Beneficially Owned (Instr. 4) 0 D ive Securities Beneficially Owned (Instr. 4) 0 D ive Securities Beneficially Owned (Instr. 4) 0 D ive Securities Beneficially Owned rrants, options, convertible securities Underlying Derivative Security (Instr. 4) 3. Title and Amount of Securities Underlying Derivative Security (Instr. 4) Amount or Number of | X Officer (give title below) Other (specify below) 6. Im Appl below) SVP, General Counsel, Secretar SVP, General Counsel, Secretar 1 vative Securities Beneficially Owned 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) 4. Nat (Instr. 4) 0 D 0 0 ive Securities Beneficially Owned (Instr. 4) 0 D 0 D 0 ive Securities Beneficially Owned rrants, options, convertible securities 4. Conversion or Exercise Price of Derivative Security (Instr. 4) M 3. Title and Amount of Securities Underlying Derivative Security (Instr. 4) 4. Conversion or Exercise Price of Derivative Security (Security Security (Security Security Sec | X Officer (give title below) Other (specify below) 6. Individual or Join Applicable Line) SVP, General Counsel, Secretar X Form filed below) X Form filed below) X Vative Securities Beneficially Owned Street and the securities of the securities beneficially Owned (Instr. 4) S. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) 4. Nature of Indirect (Instr. 5) 0 D D Individual or Join Applicable Line) 0 D Conversion or Exercise of the securities of the securities of the security (Instr. 4) 3. Title and Amount of Securities Underlying Derivative Security (Instr. 4) 4. Conversion or Exercise Form: Direct (D) or Indirect (D) or Exercise of the security (Instr. 4) M 3. Title and Amount of Securities Security (Instr. 4) 4. Conversion or Exercise Form: Direct (D) or Indirect (D) or | | | |

Remarks:

<u>/s/Cameron Hopewell,</u> <u>Attorney-in-Fact</u>

** Signature of Reporting Person

07/17/2018

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.