FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | | |
|--------------|----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-028 | | | | | | | | |

37 Estimated average burden 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).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| Name and Address of Reporting Person* CIAMPI MARIO | | | | | 2. Issuer Name and Ticker or Trading Symbol CHILDRENS PLACE RETAIL STORES INC [PLCE] | | | | | | | | | | Check | all app Direc | p of Reportin blicable) ctor er (give title | ng Pers | 10% C | |
|--|--|--|---|---|--|-------------|--|------------------------------|---|----------------|-----------|--|---------------------|--|------------------------------|---|--|---------------|--|--|
| (Last) 915 SEC. | (Fir | , | | 3. Date of Earliest Transaction (Month/Day/Year) 03/01/2004 | | | | | | | | | X | belov | N) . | Dev. 8 | below) ev. & Logistics | | | |
| (Street) SECAUC | | | 07094 Zip) | | 4. If A | mend | ment, | Date of | f Original | Filed | (Month/Da | ay/Year) 6. Lir | | | | dividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | Tabl | e I - Nor | n-Deriv | ative S | Secu | ritie | s Acq | uired, | Disp | osed o | f, oı | Ben | efici | ally | Owne | ed | | | |
| Dat | | | | 2. Transa Date (Month/D | Day/Year) Exec | | A. Deemed xecution Date, any Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | | | | | 4 and Secur Benef Owne | | cially I Following | Form (D) o | vnership n: Direct r Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership |
| | | | | | | | Code | v | Amount | ınt (A) or (D) | | Price | e | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | | |
| Common Stock, Par Value \$.10 | | | | 03/01 | 03/01/2004 | | | | S | | 2,100 | | D | \$31.5 | | 137,340 | | | D | |
| Common Stock, Par Value \$.10 | | | | 03/01/2004 | | | | | S | | 400 | | D | \$3: | 1.3 | 136,940(1) | | | I | for benefit of Mr. Ciampi's daughter |
| | 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. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Da | Date, | 4. Transact Code (Ins 8) | ion str. | 5. Nur of Deriva Secur Acqui (A) or Dispo of (D) (Instr. and 5) | ative ities red sed | 6. Date Ex Expiration (Month/Da | n Date | | 7. Title and Amount of Securities Underlying Derivative Security (Ins and 4) | | str. 3 | Deri Seci | B. Price of Derivative Gecurity Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4) | F D (I | 0. Ownership Form: Direct (D) or Indirect I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | , | Code V | | | Date Exercisal | Expiration ble Date | | Title | or Nur of | ount nber res | | | | | | | |

Explanation of Responses:

1. Includes (i) 60,340 shares owned directly by Mr. Ciampi and (ii) 76,600 employee stock options currently exercisable. Does not inlcude 78,400 shares subject to options not yet vested.

Remarks:

Mario Ciampi 03/03/2004

** Signature of Reporting Person

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.