FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

	UIVID APP	ROVAL		
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-0287		
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Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1/h)

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

					or s	section	on 30(n)	of the I	nvestmei	nt Cor	npany Act	of 194	Ю								
1. Name and Address of Reporting Person*						2. Issuer Name and Ticker or Trading Symbol CHILDRENS PLACE RETAIL STORES									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
ELFERS JANE T					INC [PLCE]									X	X Director		109	6 Owner			
(Last) (First) (Middle)						110 [1101]									X	Office belov	er (give title v)	Oth bel	er (specify ow)		
C/O THE	CHILDRE	EN'S PLACE	•			3. Date of Earliest Transaction (Month/Day/Year)									President and CEO						
RETAIL STORES, INC., 500 PLAZA DRIVE				03/.	03/28/2011																
KEIAIL	STORES, I	NC., 500 PLAZ	A DKIVI	2	4.16	4.64															
(Street)					4. 11	If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
SECAUC	CUS N.		07094												X Form filed by One Reporting Person						
	100		77 03 1		.											Form filed by More than One Reporting					
(City)	(St	ate) (Zip)			Person															
(Oity)		uic) (
		Tabl	e I - Nor	n-Deriv	ative	Se	curitie	s Acc	quired,	Dis	posed o	f, or	Bene	eficia	ally	Owne	ed				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					Day/Year) Ex		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Disposed Code (Instr. 5)		ities Acquired (A) d Of (D) (Instr. 3, 4			4 and Secu Bene Own		cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect			
										v	Amount		(A) or (D)	Price	•	Reported Transaction(s) (Instr. 3 and 4)			(111511.4)		
Common Stock, par value \$0.10 03/28					/28/2011				A ⁽¹⁾		100,72	25	A	\$	\$0		180,990				
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																					
		I		1		uns	·								T				T		
1. Title of Derivative Security (Instr. 3)	ivative Conversion Date Execution Date, urity or Exercise (Month/Day/Year) if any			4. Transaction Code (Instr. 8)		of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)			8. Price of Derivative Security (Instr. 5)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership ct (Instr. 4)			
			Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	or Nun of	ount nber res									

Explanation of Responses:

1. Represents shares of Common Stock, par value \$0.10 per share, of The Children's Place Retail Stores, Inc. (the "Company"), underlying a deferred stock award granted under the Company's Amended and Restated 2005 Equity Incentive Plan, as amended (the "Plan"), on March 28, 2011, 50% of which are deliverable to Ms. Elfers on the first anniversary of the date of grant and 25% of which are deliverable on each of the second and third anniversaries of the date of grant, provided Ms. Elfers is employed by the Company on the last day of the fiscal year ending immediately preceding the respective vesting dates, subject to the terms and conditions of the Plan.

/s/ James E. Myers, as

Attorney-In-Fact for Jane T. 03/30/2011

Elfers

** 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.