FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|---------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
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hours per response:

| Check this box if no longer subject to | J |
|--|---|
| 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

| 1. Name and Address of Reporting Person* MATTHEWS NORMAN S (Last) (First) (Middle) C/O THE CHILDREN'S PLACE, INC. 500 PLAZA DRIVE (Street) | | | | | 3. D 02/ | 2. Issuer Name and Ticker or Trading Symbol Childrens Place, Inc. [PLCE] 3. Date of Earliest Transaction (Month/Day/Year) 02/08/2018 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner Officer (give title X Other (specify below) Chairman of the Board 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | |
|---|---|------|----------------|-----------|------------------------------|---|--------|---|------------------------|--------------------|-----------------------|---|-----------------|---|---|---|---|---|--|
| (City) | | | 07094 (Zip) | | - | | | | | | | | | | Form file Person | ed by Mor | e than Or | e Rep | orting |
| | | Tabl | le I - N | on-Deriv | /ative | Seci | uritie | s Ac | quire | d, Di | sposed o | f, or E | Benefici | ally O | wned | | | | |
| 1. Title of Security (Instr. 3) 2. Transactic Date (Month/Day/ | | | | | Execution Date, | | oate, | 3. Transaction Code (Instr. 8) | | | | | 15) S B O | | | 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 | | T | Transaction(s) (Instr. 3 and 4) | | | | (111501.4) |
| Common Stock, par value \$0.10 per share 02/08/20 | | | | | 2018 | 018 | | | | | 288(1) | A | \$147. | 88 ⁽²⁾ 54,018 | | D | | | |
| | | Та | able II | | | | | | | | osed of, convertib | | | | ned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | | if any | ion Date, | 4. Transa Code (8) | | | | 6. Date Expirat (Month | tion Da h/Day/\ | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of Title Shares | | 8. Price Derivat Securit (Instr. 5 | tive der ty Se 5) Be Ow Fo Re Tra | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | : t (D) lirect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |

Explanation of Responses:

- 1. Shares acquired pursuant to deferral elections made by the reporting person on December 4, 2017 pursuant to The Children's Place, Inc. Nonqualified Deferred Compensation Plan.
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$147.45 to \$148.40, inclusive. The reporting persons undertakes to provide to the Company, any security holder of the Company, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth in this footnote.

/s/ Robert A. Karpf, as Attorney-in-Fact for Norman 02/09/2018 Matthews

** 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.