FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Г										
	OMB APPROVAL									
ı	I									
l	OMB Number:	3235-0287								
	Estimated average burden									
l	hours per response	: 0.5								

	Check this box if no longer subjec
٦	to Section 16. Form 4 or Form 5
J	obligations may continue. See
	Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* <u>ELFERS JANE T</u>					2. Issuer Name and Ticker or Trading Symbol Childrens Place, Inc. [PLCE]										k all app Direc	tionship of Reporti all applicable) Director Officer (give title below) Presiden		rson(s) to I 10% Ov Other (s	Owner
(Last)	st) (First) (Middle) D THE CHILDREN'S PLACE, INC.					3. Date of Earliest Transaction (Month/Day/Year) 07/05/2023												below)	эрсспу
500 PLAZA DRIVE						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) SECAUCUS NJ 07094													X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City) (State) (Zip)						Rule 10b5-1(c) Transaction Indication													
						Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.													
		Table	I - No	n-Deriva	tive S	ecur	ities	Acc	juired,	Dis	posed of	, or I	Benefi	cially	y Owr	ned			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/					Execution Date,			ate,	3. Transaction Code (Instr. 8) 4. Securities Disposed O 5)						5. Amo Securi Benefi Owned Follow	ties cially I ing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code	v	Amount	(A) (D)	or Pric	е		rted action(s) . 3 and 4)			
Common Stock, par value \$0.10 per share 07/05/20						023			P		43,000	A	\$23	3.7 ⁽¹⁾	370	370,033 ⁽²⁾		D	
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)	ative Conversion Date Execution Date, ity or Exercise (Month/Day/Year) if any			ition Date,	4. Transaction Code (Instr. 8)		5. Numl of Deriv Secu Acqu (A) o Dispo of (D) (Instr and 5	vative rities pired r osed)	6. Date I Expirati (Month/I	on Da		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Der Sec (Ins	Price of ivative curity str. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transactio (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amoun or Numbe of Shares						

Explanation of Responses:

- 1. The price reported in Column 4 is a weighted average price. These shares were purchased in multiple transactions at prices ranging from \$23.53 to \$23.85, inclusive. The reporting person 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 purchased at each separate price within the ranges set forth in this footnote.
- 2. Includes dividend equivalent shares that have accrued thereon

/s/ Jared Shure as Attorney-In-Fact for Jane Elfers

07/06/2023

Date

** 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.