SEC Form 4	
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FORM 4

(State)

(Zip)

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

OMB Number: 3235-0287								
Estimated average burden								
hours per response:	0.5							

Form filed by More than One Reporting

Person

Obligations may continue. See Instruction 1(b).	Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934	hours per response: 0.5
	or Section 30(h) of the Investment Company Act of 1940	
1. Name and Address of Reporting Person [*] MATTHEWS NORMAN S	2. Issuer Name and Ticker or Trading Symbol Childrens Place, Inc. [PLCE]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner
(Last) (First) (Middle) C/O THE CHILDREN'S PLACE, 500 PLAZA DRIVE	3. Date of Earliest Transaction (Month/Day/Year) 05/14/2021	Officer (give title X Other (specify below) Chairman of the Board
(Street) SECAUCUS NJ 07094	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

Table 1- Non-Derivative Securities Acquired, Disposed of, or Derichelary Owned											
1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Transaction Code (Instr.		4. Securities Disposed Of			5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)	
Common Stock, par value \$0.10 per share	05/14/2021		A		606 ⁽¹⁾	A	\$74.42 ⁽²⁾	108,060 ⁽³⁾	D		
Common Stock, par value \$0.10 per share								15,000	I	As trustee ⁽⁴⁾	

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

				8		_				-						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code (8)		of Deriv Secu Acqu (A) of Dispo of (D)	rivative (Month/Day/Year) ccurities :quired) or sposed (D) str. 3, 4		Expiration Date Amount of Month/Day/Year) Securities			8. Price of Derivative Security (Instr. 5)	Derivative Security Securities	Ownership Form: Direct (D)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

Explanation of Responses:

1. Shares acquired pursuant to deferral elections made by the reporting person on December 11, 2020 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 purchased in multiple transactions at prices ranging from \$73.62 to \$74.57, 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 purchased at each separate price within the ranges set forth in this footnote.

3. Includes dividend equivalent shares that have accrued thereon.

4. As trustee of The Matthews Family 2020 Trust.

/s/ Jared Shure, as Attorneyin-Fact for Norman Matthews

05/14/2021

** 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.

Check this box if no longer subject to Section 16. Form 4 or Form 5 ſ ٦

(City)