FORM 4

Check this box if no longer subject

to Section 16. Form 4 or Form 5 obligations may continue. See

Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, D.C. 20549 | 9 |
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| STATEMENT | OF CHANGES I | N BENEFICIAL | OWNERSHIP |
|-----------|--------------|--------------|-----------|
| | | | |

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

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

| Name and Address of Reporting Person* Reiner Debby | | | | 2. Issuer Name and Ticker or Trading Symbol Childrens Place, Inc. [PLCE] | | | | | | | | | (Chec | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|--|--|--|---|--|---|--|-------------|---------------------------|--------------------------------|---------------------------|----------|---|--|---|---|--|-------|--|--|
| | | | | 1 | | | | - | | - | | | X | Direc | tor | | 10% O | wner | |
| (Last) | (Fii | , | Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 02/01/2021 | | | | | | | | | Officer (give title Ot below) be | | | | specify | |
| C/O THI | E CHILDRI | EN'S PLACE, IN | IC. | | 1 | | | | | | | | | | | | | | |
| 500 PLAZA DRIVE | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | | |
| (Street) | | | | | 1 | | | | | | | | | X | Form | filed by On | e Rep | ortina Pers | on |
| SECAU | CUS NJ | 0 | 7094 | | | | | | | | | | | filed by Mo | iled by More than One Reporting | | | | |
| (City) | (St | ate) (Z | Zip) | | | | | | | | | | | | | | | | |
| | | Table | I - Nor | n-Deriva | tive S | Secu | rities | Acq | uired, | Dis | posed of | , or E | Benef | iciall | y Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | Execution Date, | | 3. Transaction Disposed Of (D) (Inst 5) | | | | 3, 4 and Sec Ber Ow | | curities I neficially (| | vnership n: Direct r Indirect estr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | | | | Code | v | Amount | (A) (D) | or P | rice | Transa | action(s) 3 and 4) | | | (11301. 4) | | | |
| Common Stock, par value \$0.10 per share 02/01 | | | 02/01/ | /2021 | | | A | | 1,855 ⁽¹⁾ | | \ | \$ <mark>0</mark> | 4,831(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) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deel Execution if any (Month/I | | 4. Transa Code (8) | Instr. | of Deriv | r osed) r. 3, 4 | 6. Date Expirati (Month/ | on Da | | 7. Titl Amou Secur Under Deriva Secur 3 and | int of rities rlying ative rity (Ins | De Se (In | Price of rivative curity str. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | y | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |

Explanation of Responses:

- 1. Represent shares of common stock, par value \$0.10 per share, of The Children's Place, Inc. (the "Company"), underlying time restricted stock units granted under the Company's 2011 Equity Incentive Plan (the "Plan") on February 1, 2021. Such shares are deliverable to the reporting person on the first anniversary of the date of grant, subject to the terms and conditions of the Plan.
- 2. Includes dividend equivalent shares that have accrued thereon.

/s/ Jared Shure, as Attorneyin-Fact for Debby Reiner

02/03/2021

** 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.