## Edgar Filing: MCCLURE LAWRENCE D - Form 4

MCCLURE L Form 4 April 18, 2012		)									
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549									OMB APPROVAL OMB 3235-02 Number:		
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). Set to 16. Form 4 or Form 5 Section 17(a) of the Section 16(b. Section 16. Form 4 or Section 17(a) of the Section 16(b. Section 16. Filed pursuant to Section 16(b. Section 16. Section 17(a) of the Investment Co						BENEFICIAL OWNERSHIP OF RITIES Exchange Act of 1934, ding Company Act of 1935 or Section				ed average hours per	
(Print or Type Re	esponses)										
MCCLURE LAWRENCE D Symbol CHILDE				r Name <b>and</b> Ticker or Trading RENS PLACE RETAIL S INC [PLCE]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
	IILDREN'S PL DRES,, INC. 50		3. Date of (Month/D 04/16/20	-	ansaction			Director X Officer (give below) SVP, H		Owner er (specify es	
	(Street)			ndment, Date Original th/Day/Year)				<ul> <li>6. Individual or Joint/Group Filing(Check Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>			
SECAUCUS,	, NJ 07094							Form filed by N Person	fore than One Re	porting	
(City)	(State)	(Zip)	Table	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
Security (Instr. 3)	2. Transaction Da (Month/Day/Year	) Execution any		3. Transactic Code (Instr. 8) Code V	(Instr. 3,	ispose	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common Stock, par value \$0.10 per share	04/16/2012			S	534 <u>(1)</u>	D	\$ 48.19 (2)	9,251	D		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 control number.

## Edgar Filing: MCCLURE LAWRENCE D - Form 4

 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. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Expiration D (Month/Day, e	6. Date Exercisable and Expiration Date (Month/Day/Year)		le and unt of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
MCCLURE LAWRENCE D C/O THE CHILDREN'S PLACE RETAIL STORES, INC. 500 PLAZA DRIVE SECAUCUS, NJ 07094			SVP, Human Resources			
Signatures						
/s/ James E. Myers, as Attorney-In-Fact for Lawrence McClure		04/18/2	2012			

\*\*Signature of Reporting Person

## **Explanation of Responses:**

- \* 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).
- (1) Shares sold to pay tax liabilities incident to the vesting of deferred stock on April 15, 2012.

The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$48.19
 (2) to \$48.20, inclusive. The reporting person undertakes to provide to The Children's Place Retail Stores, Inc. (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.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

Date