Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, E	D.C. 20549
---------------	------------

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

							(,				npany Act o								
1. Name and Address of Reporting Person*  MATTHEWS NORMAN S					2. Issuer Name and Ticker or Trading Symbol Childrens Place, Inc. [ PLCE ]									ck all app	licable)	ng Pe	rson(s) to Is		
(Last) (First) (Middle) C/O THE CHILDREN'S PLACE, INC.					3. Date of Earliest Transaction (Month/Day/Year) 02/05/2024									belov	er (give title v) Chairman	Δ	below)	specify	
500 PLAZA DRIVE					4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line)						
(Street) SECAUCUS NJ 07094													X	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 satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.											nded to								
		Table	e I - No	n-Deriva	tive \$	Secu	rities	Acq	uired,	Dis	posed of	, or	Bene	ficial	y Own	ed			
Date				Date	2. Transaction Date (Month/Day/Year) 2A. Deemed Execution Date, if any (Month/Day/Year)		Date,	3. Transaction Code (Instr. 5)  8 4. Securities Acquired Disposed Of (D) (Instr. 5)			(A) or 3, 4 and	Securit Benefic Owned	Amount of ecurities eneficially wned Following		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	unt (A) or (D)		Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common	Stock, p	ar value \$0.10 per	r share	02/05/	2024	.024		A		9,472(1)		A	\$ <mark>0</mark>	140	),476 <sup>(2)</sup>	D			
Common	Stock, p	ar value \$0.10 per	r share												15,000 I As trust				
		Та									osed of, onvertib				Owne	d			
1. Title of Derivative Security (Instr. 3)	vative Conversion Date Execution Date, if any		4. Transaction Code (Instr. 8)  5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			vative urities uired or osed ) r. 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)  Amou or Numb		nstr.	Price of erivative ecurity estr. 5)	9. Number derivative Securities Beneficiall General Following Reported Transactio (Instr. 4)	ly	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 5, 2024. 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 and the execution of the underlying stock award agreement. The stock award agreement for these shares were fully executed on February 15, 2024.
- 2. Includes dividend equivalent shares that have accrued thereon.
- 3. As trustee of The Matthews Family 2020 Trust.

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

02/16/2024

\*\* 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.