FORM 5

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

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ANNUAL STATEMENT OF CHANGES IN BENEFICIAL									
OMMEDOLUB									

OMB APPROVAL									
OMB Number: 3235-0362									
Estimated average burden									
hours per response	1.0								

Form 3	OWNEROIM										hou	urs per r	esponse:		1.0			
Form	1 Transactions	Reported.	Filed	I pursuant to Se or Section 3								934						
1. Name a	2. Issuer Name and Ticker or Trading Symbol <u>CARRIAGE SERVICES INC</u> [CSV]							(Ch	eck all app	licable) tor	10) to Issuer % Owner					
(Last) (First) (Middle) 3040 POST OAK BLVD.				3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2022								ar)	Officer (give title Other (specify below) below)					fy
SUITE 300 (Street) HOUSTON TX 77056											Line	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting						
(City)	(Sta	ate) (Zip)	Person														
		Table	I - Non-Deriva	tive Secur	ities	Acq	uire	d, Dis	posed	of, o	r Be	neficia	illy Own	ed				
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yea			Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year) 3. Transa Code (I		ransac Code (li					isposed	5. Amount of Securities Beneficially Owned at end of		Ownership Form: Direct		7. Nature of Indirect Beneficial Ownership		
						8)		Amount ()		(A) or (D)	Price		Issuer's Fiscal Year (Instr. 3 and 4)		(D) or Indirect (I) (Instr. 4)		(Instr. 4)	
Common Stock			12/30/2022			A		3,600		A	\$	27.79	19,375		I		Joint Ownership with Spouse	
Common Stock													5,942		D			
		Та	ble II - Derivat (e.g., ρι	ive Securit uts, calls, w									y Owne	d				
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. Transaction Code (Instr. 8)	of Deriv Secu Acqu (A) o Dispo	r osed) r. 3, 4 5)	Expi (Mor	or Nur Expiration of		of es ng re (Instr.	Reported Transact (Instr. 4)		ve es ially ng d tion(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		Nature ndirect neficial mership str. 4)		

Explanation of Responses:

Remarks:

/s/ Douglas Meehan

02/14/2023

** Signature of Reporting Person Date

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

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.

 $^{^{\}star}$ 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).