FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

OMB APPROVAL										
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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

1. Name and Address of Reporting Person*  Quezada Carlos R.  (Last) (First) (Middle)  3040 POST OAK BLVD.  SUITE 300  (Street)  HOUSTON TX 77056  (City) (State) (Zip)					3. Da 02/1	2. Issuer Name and Ticker or Trading Symbol CARRIAGE SERVICES INC [ CSV ]  3. Date of Earliest Transaction (Month/Day/Year) 02/17/2021  4. If Amendment, Date of Original Filed (Month/Day/Year)										Relationship of Reporting Person(s) to Issuer Check all applicable) Director 10% Owner  X Officer (give title Other (specify below) VP of Cemetery Sales/Marketing  Individual or Joint/Group Filing (Check Applicable ine)  X Form filed by One Reporting Person Form filed by More than One Reporting Person														
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																													
Date		2. Trans Date (Month/l		if any	cecution Date,		3. Transaction Code (Instr. 8)					4 and Securiti Benefic		es Following (I)		: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)													
									Cod	de	v	Amount	(A) or (D)	Price		Transaction(s) (Instr. 3 and 4)				(IIISti. 4)										
Common Stock														675			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. Deemed Execution I if any (Month/Day	Date,	4. Transactior Code (Instr. 8)				6. Date Exercis Expiration Dat (Month/Day/Ye			,	7. Title an of Securit Underlyin Derivative (Instr. 3 an	ies g Securit	S	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	i is illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)										
					Code	v	(A)	(D)	Date Exerc			Expiration Date	Title	Amour or Numbe of Shares	r															
Stock Options	\$34.79	02/17/2021			Α		50,000		(1)		(1)		(1)		(1) 0		(1) 02		(1) 02/		(1) 02/17/20		Common Stock	50,00	0	(1)	50,000		D	
Performance Award	(2)								(	(2)	1	2/31/2024	Common Stock	13,97	4		13,97	4	D											
Stock Options	\$18.02								(	(3)	(	06/25/2030	Common Stock	20,00	0		20,000	0	D											

## **Explanation of Responses:**

- 1. Stock Options granted on 2/17/2021 pursuant to the Carriage Services, Inc. 2017 Omnibus Incentive Plan that will vest in equal 20% increments each year over the next five years. The options expire on
- 2. Pursuant to the 2017 Omnibus Plan, the target share awards for the eligible employee will vest on December 31, 2024 if the Company's common stock reaches one of five pre-determined growth targets for a sustained period beginning on the grant date of June 25, 2020 and ending on December 31, 2024.
- 3. Stock Options granted pursuant to the Carriage Services, Inc. 2017 Omnibus Plan of which 1/3 will vest each year on 6/25/2021, 6/25/2022 and 6/25/2023. The options expire on 6/25/2030.

## Remarks:

/s/ Carlos Quezada

02/19/2021

\*\* 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.