FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT C	OF CHANGES IN E	BENEFICIAL	OWNERSHIP

ı	OMB APPRO	VAL						
	OMB Number:	3235-0287						
l	Estimated average burden							
	hours per response:	0.5						

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* <u>HEILIGBRODT L WILLIAM</u>					2. Issuer Name and Ticker or Trading Symbol CARRIAGE SERVICES INC [CSV]								5. Relationship of Repo (Check all applicable) Director				10%	Issuer Owner r (specify	
(Last) 11015 LA	(Fir	,	Middle)		3. Date of Earliest Transaction (Month/Dat 09/13/2011						n/Day/Year)			3	belov	v) (below f the Boa	v)`
(Street) HOUSTO			77024 Zip)		4. If	Ameno	dment,	Date o	of Origir	al File	ed (Month/Da	y/Year)		Line) <mark>K</mark> Forn	n filed by C	one Rep	ng (Check porting Pei an One Re	son
			e I - N			_				d, Di	sposed o	-			-				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da			Execution Date,		3. Transaction Code (Instr. 8)					nd Securitie Benefici Owned F		es	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership				
								Code	v	Amount	(A) o (D)	Price	e	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common	stock			09/13/2	2011				A		22,500(1)	A	\$5	.81	109	,735		D	
Common	stock														42,	340		I	Agent for Heiligbrodt Family Partnership
Common	stock														53,	040		I	Agent for Corrine C. Heiligbrodt separate property
		Та	ble II								osed of, c				Owned				
1. Title of Derivative Conversion Date Courty or Exercise (Month/Day/Year) 3A. Deemed Execution Date, if any		4. Transa	5. Number of Derivative		_	Exerc	cisable and			8. Price of Derivative Security (Instr. 5)		9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership				
Evalenation					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amoun or Numbe of Shares	r					

 $1. \ Restricted \ stock \ grant \ pursuant \ to \ the \ Carriage \ Services, \ Inc. \ Amended \ and \ Restated \ 2006 \ Long \ Term \ Incentive \ Plan \ which \ vests \ 1/3 \ on \ 9/13/2012, \ 1/3 \ on \ 9/13/2013, \ and \ 1/3 \ on \ 9/13/2014.$

Remarks:

/s/L. William Heiligbrodt

09/14/2011

** Signature of Reporting Person

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.

^{*} 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).