## SEC Form 3 FORM 3

## UNITED STATES SECURITIES AND EXCHANGE

COMMISSION

Washington, D.C. 20549

## OMB APPROVAL

3235-OMB Number: 0104

## **INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF** SECURITIES

Estimated average burden hours per response: 0.5

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 A Webb Son	ddress of Repor <mark>ner</mark>	rting Person <sup>*</sup>	2. Date of E Requiring S (Month/Day	tatement /Year)	tement (ear) <u>CARRIAGE SERVICES INC</u> [ CSV ]					
(Last) 3040 POST	(First) OAK BLVD.	(Middle) SUITE 300	07/05/202		4. Relationship of Reporting Issuer (Check all applicable) X Director Officer (give title below)	10% O		File	d (Month/Day/	,
(Street) HOUSTON (City)	TX (State)	77056 (Zip)			ulle below)	Delow)			eck Applicable Form filed I Person	by One Reporting by More than One
			ble I - Non	-Derivativ	/e Securities Benefic	cially Ov	vned			
1. Title of Security (Instr. 4)				. Amount of Securities eneficially Owned (Instr. )				. Nature of Indirect Beneficial wnership (Instr. 5)		
Common Sto	ock				769 <sup>(1)</sup>	E				
					Securities Beneficia ts, options, converti					
1. Title of Deriv	vative Security	,,	2. Date Exercisable and Expiration Date (Month/Day/Year) 3. Title and Amount of Securities Underlying Derivative Security (Instr. 4) 4. 5. Conversion or Exercise Price of Direct (D)		Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)				
Evaluation of			Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Derivat Securit	ive	or Indirect (I) (Instr. 5)	טי

Explanation of Responses:

1. Shares of Common Stock issued to new Director on July 5, 2023 pursuant to the Carriage Services, Inc. Director Compensation Plan. Such Common Stock vested immediately. **Remarks:** 

/s/ Somer Webb		_		
/S/ SOMEL WEDD	/s/ Soi	mer V	Vebl	h

\*\* Signature of Reporting Person

07/12/2023

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 5 (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.