## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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OMB APF	PROVAL
OMB Number:	3235-028
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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

ı	OWD ALL INC	/ V/\L					
ĺ	OMB Number:	3235-0287					
	Estimated average burd	en					
	hours per response:	0.5					

1. Name and Address of Reporting Person*  Elliott Paul Donald					2. Issuer Name and Ticker or Trading Symbol  CARRIAGE SERVICES INC [ CSV ]											5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  Officer (give title X Other (specify					
(Last) 5219 LA	(F URELWO		3. Date of Earliest Transaction (Month/Day/Year) 09/02/2014										below) A below) Regional Partner								
(Street) KINGWOOD TX 77345						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person Form filed by More than One Reporting						
(City)	(5	State)	(Zip)														Persor	1			
		Tab	le I - No	n-Deriv	ative	e Se	curiti	es A	cqu	ired, I	Disp	osed (	of, or	Ben	eficia	lly O	wnec	l			
Da				2. Trans Date (Month/I		Execut			e,	Code (Instr.					and Securiti Benefic Owned		es Fo ially (D Following (I)		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership	
							Code V		Amount		A) or D)	Price	Reporte Transac (Instr. 3		ction(s)			(Instr. 4)			
Common Stock 09/0					2/2014	)14			F		1,551 <sup>(1)</sup> D		\$18	.9	29,609 <sup>(2)</sup>			D			
		Т	able II -									sed of onverti				y Ow	ned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	Date,		Transaction Code (Instr.		n of E		6. Date Exercisa Expiration Date (Month/Day/Year			7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		ecurity	Deriv	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exe	e ercisable		epiration ate	Title	O N O	lumber						
Stock Options	\$20.26									(3)	02	2/25/2019	Comn		35,000			35,000	0	D	
Stock Options	\$16.73									(4)	05	5/22/2018	Comn		80,000			30,000	) <u> </u>	D	

## **Explanation of Responses:**

- 1. Represents shares withheld on September 2, 2014, the first business day after the vesting date, to cover taxes associated with the vesting of shares of restricted stock granted on August 31, 2012.
- 2. Includes 12,500 shares purchased through the Company sponsored 401(K) Plan on 8/21/14.
- 3. Stock Option grant pursuant to the Carriage Services, Inc. Amended and Restated 2006 Long-Term Incentive Plan which vest 1/3 on 2/25/2015, 1/3 on 2/25/2016 and 1/3 on 2/25/2017. These stock options expire on 02/25/2019.
- 4. Stock Option grant pursuant to the Carriage Services, Inc. Amended and Restated 2006 Long-Term Incentive Plan which vest 1/3 on 5/22/2014, 1/3 on 5/22/2015 and 1/3 on 5/22/2017. These options expire on 05/22/2018.

## Remarks:

09/03/2014 /s/ Paul D. Elliott

\*\* Signature of Reporting Person

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.