FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington,	DС	20549
rvasiliigion,	D.C.	20040

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number: 3235-028									
Estimated average burden									
hours per response:	0.5								

	tion 1(b).	nuc. occ		Filed	pursua or Se	nt to Section 3	ection 16(a) 0(h) of the Ir	of the S	ecurit nt Co	ies Exchang npany Act o	e Act of 1 f 1940	934		nours	s per resp	oonse:	0.5
1. Name and Address of Reporting Person*  PAYNE MELVIN C				2. Issuer Name and Ticker or Trading Symbol CARRIAGE SERVICES INC [ CSV ]								Relationship of Reporting Person(s) to Is (Check all applicable)     X Director 10% Ov.					
(Last) (First) (Middle) 3040 POST OAK BLVD SUITE 300				3. Date of Earliest Transaction (Month/Day/Year) 11/30/2020								X Officer (give title below) Other (specify below)  CEO					
(Street) HOUST(	ON TY		77056 Zip)		4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable ne)  X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(Oity)	(0.0			n-Deriva	tive S	Secur	ities Acq	uired.	Dis	posed of	. or Bei	nefici	ally Ov	vned			
1. Title of Security (Instr. 3)		2. Transaction 2 Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) or (D)	Price	Tra	orted saction(s) tr. 3 and 4)			(Instr. 4)
Common	Stock			11/30/2	2020			G		500	D	\$27.	.21	,240,509	1	D	
Common	Stock													4,164		I I	Melvin C. Payne, Jr. 2016 Annuity Trust
Common Stock												4,164		I :	Karen P. Payne 2016 Annuity Trust		
Common Stock												24,354		I	Spouse		
		Tal	ble II -				ies Acqu							ned			
1. Title of Derivative Security (Instr. 3)	Title of 2. 3. Transaction Date Execution Date, if any or Exercise (Month/Day/Year) if any		4. 5. Number Transaction of		options, convertib  6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price Derivati Security (Instr. 5)	e derivative	ly Do (I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			

**Explanation of Responses:** 

Remarks:

/s/ Melvin C. Payne

Title

or Number

12/01/2020

\*\* 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.

Date

(D)

Expiration

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).