FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APP | ROVAL |
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| OMB Number: | 3235-028 |
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| | Check this box if no longer subject to | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|
| ١ | Section 16. Form 4 or Form 5 | | | | | | | | |
| J | obligations may continue. See | | | | | | | | |
| | Instruction 1(b). | | | | | | | | |

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

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|---|---|--|--|--------|------------|--|------------|----------------------------------|--|--------|--|--|---------------|----------------------|---|-----------------------------|--|--|--|--|
| 1. Name and Address of Reporting Person [*] Blinderman Viki K | | | | | | 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 | | | | | |
| (Last) (First) (Middle) 5334 DUMFRIES | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/31/2011 | | | | | | | | | Officer (give title X Other (specify below) Controller | | | | | |
| (Street) HOUSTON TX 77096 (City) (State) (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 | | | | | |
| | | Tabl | e I - Non | -Deriv | ative | Se | curitie | s Ac | quired | , Dis | posed o | f, or | Bene | eficia | ally Ow | ned | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | | | Executi | | | Transaction Disposed Code (Instr. 5) | | rities Acquired (A ed Of (D) (Instr. 3, | | | ind Sec Bei Ow | mount of urities eficially ned Following orted | For (D) | Ownership rm: Direct or Indirect (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | | v | Amount | | (A) or (D) | Price | Tra | nsaction(s) tr. 3 and 4) | | | (1115411 4) | |
| Common Stock 01/3 | | | | | 1/201 | /2011 | | | F | | 383(1 | .) | D | \$5 | .1 | 13,983 | | D | | |
| Common Stock 01/3 | | | | | 1/2011 | | | | | | 417(2 | 2) | D | \$5 | .1 | 1 13,566 | | D | | |
| | | Та | ble II - D | | | | | | | | osed of, onvertib | | | | | ed | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Dat if any (Month/Day/Yo | Date, | Code (Inst | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr and 4) | | str. 3 | 8. Price Derivative Security (Instr. 5) | | y | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | Code V | | v | (A) | (D) | Date Expiration Exercisable Date | | Title | or Nun of | ount nber res | | | | | | | | |

Explanation of Responses:

- 1. Represents 383 shares withheld on January 31, 2011 to cover taxes associated with the vesting of shares of restricted stock granted on January 29, 2009 to the Reporting Person under the Carriage Services Long-Term Incentive Plan.
- 2. Represents 417 shares withheld on January 31, 2011 to cover taxes associated with the vesting of shares of restricted stock granted on January 29, 2010 to the Reporting Person under the Carriage Services Long-Term Incentive Plan.

Remarks:

/s/ Viki King Blinderman

** Signature of Reporting Person Date

02/02/2011

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.