Instruction 1(b).

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, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPRO | OVAL |
|-------------------------|-----------|
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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>Bellino George A</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol Citi Trends Inc [CTRN] | | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | |
|---|---|--|---|------------|--|--|---------|------------------------|-----------------------------------|--|---|--|---------------|--|---|---|---|--|---------------------------------------|--|
| | Last) (First) (Middle) CO CITI TRENDS, INC. 02 FAHM STREET | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/23/2005 | | | | | | | | | - X Officer (give title Other (specify below) President and CMO | | | | | |
| (Street) SAVANNAH GA 31401 | | | | _ 4. | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (City) | (S | | (Zip) | Doris | /ativ | 0 50 | ourit | ios A | cauirod | Dicr | nosod | of or | Pono | ficially | . Owned | | | | | |
| Table I - Non-Deriv 1. Title of Security (Instr. 3) 2. Tran Date (Month | | | | | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transa Code (| 3. 4. Son Dispose Code (Instr. 5) | | ecurities Acquired (A) losed Of (D) (Instr. 3, | | (A) or | 5. Amou Securitie Beneficia Owned F Reported | nt of s ally following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | 05/23/2005 | | | | | Code | V | Amoun | _ | (A) or (D) Pr | | Transact (Instr. 3 a | and 4) | | | | |
| 71 - 1 - 1 | | | | | | | uritic | urities Acquir | | ienc | 65,4 | | | \$14 | 129,568 | | | D | | |
| | | | | | | | | | ts, optior | | | | | | Owned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution I if any (Month/Day | Date, | 4. Transaction Code (Instr. 8) | | ı of Ex | | Expiration I | . Date Exercisable and ixpiration Date Month/Day/Year) | | 7. Title and Amou of Securities Underlying Derivative Secur (Instr. 3 and 4) | | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4) | ve es ially ng d tion(s) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | , | Code | v | (A) | (D) | Date Exercisable | | oiration te | Title | or Nu | ount mber Shares | | | | | | |
| Stock Options (Amended and Restated 1999 Stock Option Plan) | \$0.38 | | | | | | | | 04/13/2003 | 04/ | 13/2009 | Commo Stock par val: \$.01 po share | ie 35 | 9,996 | | 359,99 | 96 | D | | |
| Stock Options (Amended and Restated 1999 Stock Option Plan) | \$3.62 | | | | | | | | 08/02/2003 | 08/ | 02/2013 | Commo Stock par val: \$.01 po share | ie (| 332 | | 832 | | D | | |
| Stock Options (Amended and Restated 1999 Stock Option | \$6.85 | | | | | | | | 10/30/2004 | 10/ | 30/2014 | Commo Stock par val \$.01 po share | ie er | 676 | | 676 | | D | | |

Explanation of Responses:

Remarks:

Plan)

Mr. Bellino's title is President and Chief Merchandising Officer.

/s/ George A. Bellino

06/24/2005

** Signature of Reporting Person

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 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.