Edgar Filing: CONNS INC - Form 4/A

CONNS INC Form 4/A June 25, 2013											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION							r	OMB APPROVAL			
Washington, D.C. 20549							OMB Number:	3235-0287			
Check this box if no longer STATENTED OF CHANCES IN DEDIFFICIAL ONVINEDS								Expires:	January 31, 2005		
subject to STATEMENT OF CHANGES IN BENEFICIAL OW						NERSHIP OF	Estimated	Estimated average			
Section 1 Form 4 or		SECURITIES						burden hou	•		
Form 5		suant to Section	16(a) of th	e Securiti	es Ez	chan	pe Act of 1934.	response 0.5			
obligation	¹⁸ Section $17($	a) of the Public U					-	n			
may conti <i>See</i> Instru		30(h) of the I	nvestment	Compan	y Act	of 19	40				
1(b).											
(Print or Type R	(esponses)										
(Time of Type is	(csponses)										
1. Name and Address of Reporting Person [*] _ 2. Issuer Name and Ticker or Trading 5. Relat						5. Relationship of	f Reporting Per	son(s) to			
JACOBY JO	DN E M	Symbol				-	Issuer				
CONNS				ONN]			(Check all applicable)				
(Last)	(First) (N	Middle) 3. Date	of Earliest Tr	ansaction			()				
(Month/Da							X_ Director 10% Owner Officer (give title Other (specify				
100 MORGAN KEEGAN 10/04/20 DRIVE, SUITE 500							below)	below)	or (speen)		
	(Street)	4 If Am	andmant Da	te Original			6 Individual or L	oint/Group Fili	ng(Chaok		
				nendment, Date Original onth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line)			
10/06/2006							_X_ Form filed by	one Reporting Person			
LITTLE RO	CK, AR 72202						Form filed by M Person	More than One R	eporting		
(City)	(State)	(Zip) Ta	ole I - Non-D	Perivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned		
1.Title of	2. Transaction Dat		3.	3.4. SecuritiesTransactionAcquired (A) orCodeDisposed of (D)(Instr. 8)(Instr. 3, 4 and 5)				1	7. Nature of Indirect Beneficial Ownership		
Security	(Month/Day/Year)						Securities	Form: Direct (D) or			
(Instr. 3)		any (Month/Day/Year					Beneficially Owned	· /			
							Following	(Instr. 4)	(Instr. 4)		
					(A)		Reported Transaction(s)				
			Code V	Amount	or (D)	Price	(Instr. 3 and 4)				
Common	10/04/2006						2 500 (2)	D			
Stock	10/04/2006		J <u>(1)</u>	785	А	\$0	3,588 <u>(2)</u>	D			

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			7. Titl Amou Under Secur (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Relationships **Reporting Owner Name / Address** Director 10% Owner Officer Other JACOBY JON E M 100 MORGAN KEEGAN DRIVE Х SUITE 500 LITTLE ROCK, AR 72202 Signatures Ronald M. Clark, Attorney-in-fact for reporting 06/25/2013 person

**Signature of Reporting Person

Explanation of Responses:

- 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).
- Pro rata distribution of shares from Stephens Investment Partners 2001 LLC, of which reporting person is a non-managing member. (1)Reporting person included all shares owned by the LLC on prior reports.
- Amended to reflect the correct share amount distributed from Stephens Investment Partners 2001 LLC as well as the amount of shares (2) directly owned by reporting person. This line amends and replaces line 2 of Table I of the original report.

Remarks:

Note: Except as expressly amended herein, the original report remains in full force and effect.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure. Potential persons who are to 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