FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPRO	OVAL
OMB Number:	3235-0287
Estimated average burd	en
hours per response:	0.5

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

1. Name and Address of Reporting Person* STEPHENS CAROL					2. Issuer Name and Ticker or Trading Symbol CONNS INC [CONN]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner						
(Last)	(F TER STR		(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 10/04/2006										Offic belov	er (give title w)	Other (specify below)		
(Street)	ROCK A	.R	72201		4. If	Ame	ndment,	, Date o	f Original	Filed	(Month/Da	ay/Yea	ır)		ine)	Forn Forn	r Joint/Group n filed by One n filed by Mo	e Re	porting Pers	son
(City)	(5	State) (Zip)													Pers	on			
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
			Date	2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)			4 and Securi Benefi Owned		cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	Amount (A		Price			action(s) 3 and 4)			(Instr. 4)
Common Stock 1				10/04	4/2006				J ⁽¹⁾		36,12	2	D	\$0		0			I	By LLC
Common Stock			10/04	10/04/2006				J ⁽¹⁾		378		A	\$0		378			I	By spouse	
Common Stock														3,121,165 ⁽²⁾			I	By voting trust		
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security (Instr. 3) 3. Transaction Date (Month/Day/Year) (Month/Day/Year) 3. Transaction Date (Month/Day/Year) (Month/Day/Year)		Date,	Date, Transaction Code (Instr.		n of E		Expiration	. Date Exercisabl Expiration Date Month/Day/Year)		Amount of			8. Pric Deriva Securi (Instr.	tive deriv ty Secu 5) Bene Own Follo Repo	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	,	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
	Code V		v	(A)		Date Exercisal		Expiration Date	Amount or Number of Title Shares		ber									

Explanation of Responses:

- 1. Pro rata distribution of shares from Stephens Investment Partners 2001 LLC, of which reporting person's spouse is a non-managing member. Reporting person included all shares owned by the LLC on prior
- 2. Includes 202,774 shares beneficially owned by W.R. Stephens, Jr. Children's Trust and 30,489 shares beneficially owned by each of W.R. Stephens, III Trust and Arden Jewell Stephens Trust for benefit of reporting person's children. Also includes 12,019 shares beneficially owned by reporting person, and 1,162,531 shares beneficially owned by spouse's revocable trust. Also includes 1,682,863 shares beneficially owned by Pamela D. Stephens Trust One, of which reporting person's spouse is a trustee.

Remarks:

Todd Ferguson, attorney in fact for reporting person

10/06/2006

** 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.