FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

CTATEMENIT	OF CHANGES	IN DENIETICIAL	OWNIEDCLIID
STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPRO	VAL					
OMB Number:	3235-0287					
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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* <u>STEPHENS HARRIET C</u>				2. Issuer Name and Ticker or Trading Symbol CONNS INC [CONN]								Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner						
(Last)		First)	(Middle)		10/0)4/200	6		`	h/Day/Year)	w (Maar)			belo			belo	
(Street)	ROCK 1	AR	72201		4. 117	Amena	ment, Date	of Origin	nai Fii	ed (Month/Da	ıy/ Year)		Line	e) <mark>X</mark> Forn	n filed by n filed by	One Re	eporting Pa	
(City)	(State)	(Zip)	on Dorive	tivo	Coou	rition A		4 D:	onocod o	f or B	onofi	oial	ly Own				
1. Title of Security (Instr. 3)		2. Transacti Date	Transaction		2A. Deemed Execution Date,				ties Acquired (A) or d Of (D) (Instr. 3, 4 a		5. Amount of		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
							Code	v	Amount	(A) or (D)	Price	e	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common	Stock			10/04/20	006			J ⁽¹⁾		35,870	D	\$	0	25	52		I	By LLC
Common	Stock			10/04/20	006			J ⁽¹⁾		378	A	\$	0	37	78		I	By spouse
Common	Stock			10/04/20	006			J ⁽¹⁾		4,755	A	\$	0	88,9	989		I	By Stephens Group, Inc.
Common	Stock			10/04/20	006			J ⁽¹⁾		26	A	\$	0	2	6		I	Stephens Investments Holdings LLC
Common	Stock													4,934	,925 ⁽²⁾		I	By voting trust
Common	Stock													172,	,100		I	By Stephens Inc.
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
Derivative Conversion Date Execution Date,		Code (li	ransaction of ode (Instr. Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		ate	7. Title and Amount of Securities Underlying Derivative Security (Instr. : and 4)		8. Price of Derivative Security (Instr. 5) 3 9. Numb derivativ Securitie Beneficia Owned Followin Reporter Transact (Instr. 4)		Ownershi Form: Direct (D) or Indirec (I) (Instr. 4 d tion(s)		Beneficial Ownership t (Instr. 4)				
Evnlanation				C	Code	v	(A) (D)	Date Exerci	sable	Expiration Date		Amoun or Numbe of Shares	er					

- 1. Pro rata distribution of shares by Stephens Investment Partners 2001 LLC, of which reporting person's spouse is a managing member. Reporting person included all shares held by the LLC on prior reports.
- 2. Includes 921,538 shares beneficially owned by Stephens Group, Inc. and 149,199 shares beneficially owned by Stephens Inc., of which reporting person's spouse is President and CEO. Also includes 1,871,550 shares beneficially owned by Warren A. Stephens Trust and 168,498 shares beneficially owned by Warren A. Stephens Grantor Trust, for benefit of reporting person's spouse. Also includes 739,100 shares beneficially owned by Harriet C. Stephens Trust. Also includes 918,123 shares beneficially owned by Warren and Harriet Stephens Children's Trust, 51,282 shares beneficially owned by each of Warren Miles Amerine Stephens 95 Trust, John Calhoun Stephens 95 Trust, and 4,357 shares beneficially owned by each of Warren Miles Amerine Stephens Trust, John Calhoun Stephens Trust and Laura Whitaker Stephens Trust, for benefit of reporting person's children.

Remarks:

Todd Ferguson, attorney in fact 10/06/2006 for reporting person

** 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.