FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| 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 GROUP INC | | | | | | 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 Officer (give title Other (specify) | | | | | |
|--|--|--|---------------|--------------|---|---|------|--------|--|--------|--|---|-------------------------------|------------------------------|--|--|---|---|---|---------------------------------------|--|
| (Last) 111 CEN | (Last) (First) (Middle) 111 CENTER STREET | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/27/2004 | | | | | | | | | | Officer (give title Other (specify below) below) | | | | | |
| (Street) LITTLE (City) | ROCK A | | 72201 Zip) | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 5. Individual or Joint/Group Filing (Check Applicable .ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Trans Date (Month/I | | | | Day/Year) if | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Code (| Transaction Disposed Code (Instr. 5) | | rities Acquired (A ed Of (D) (Instr. 3, | | | 4 and Secur Benef Owne | | cially I Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | Code | v | Amount | ount (A) or | | Pric | e | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | | |
| Common Stock 05/3 | | | | 05/27 | 7/2004 | | | | J ⁽¹⁾ | | 31,779 | | A | \$ | 0 3 | | 31,779 | | D | | |
| Common Stock | | | | | | | | | | | | | | | 1,0 | | ,021,538 | | 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) | ative Conversion Date Execution Date, ity or Exercise (Month/Day/Year) if any | | | | 4. Transaction Code (Instr. 8) | | ı of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | | 8. Price o Derivative Security (Instr. 5) | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownersh Form: Direct (D) or Indirec (I) (Instr. | Ownership | Beneficial Ownership (Instr. 4) | |
| | | | | Code | | v | (A) | (D) | | | Expiration Date | Title | Amo or Num of Sha | ber | | | | | | | |

Explanation of Responses:

 $1.\ Pro\ rata\ distribution\ from\ Stephens\ Investment\ Partners\ III\ LLC,\ of\ which\ the\ reporting\ person\ is\ a\ non-managing\ member.$

Remarks:

<u>Todd Ferguson</u>, as attorney in <u>fact for reporting person</u>

06/01/2004

** Signature of Reporting Person

Date

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

- * 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.