FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

- 1								
	OMB APPROVAL							
	OMB Number: 3235-0							
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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* MALSON KELLY M 2. Date of Event Requiring Statement (Month/Day/Year) 08/28/2012			nent	3. Issuer Name and Ticker or Trading Symbol CONNS INC [CONN]									
(Last) 108 FREDER	(First)	(Middle)				ationship of Reporting Perso all applicable) Director	on(s) to Issuer		5. If Amendment, Date of Original Filed (Month/Day/Year)				
(Street) GREENVILL: (City)	E SC (State)	29607 (Zip)				Officer (give title below)	Other (spe below)	cify	6. Ind Appli X	cable Line) Form filed by	/Group Filing (Check y One Reporting Person y More than One erson		
Table I - Non-Derivative Securities Beneficially Owned													
1. Title of Security (Instr. 4)						ially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)				
Common stock						2,000	D						
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)													
1. Title of Derivative Security (Instr. 4) 2. Date Exercisable Expiration Date (Month/Day/Year)			ate	and 3. Title and Amount of Sec Underlying Derivative Secu		rity (Instr. 4) Conv		rcise	5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)			
			Date Exercisable	Expiratio Date	n Title	3	Amount or Number of Shares	Price o Deriva Securi	tive	Direct (D) or Indirect (I) (Instr. 5)			

Explanation of Responses:

/s/ Kelly M. Malson

08/30/2012

** Signature of Reporting Person

Date

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

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.

 $^{^{\}star}$ If the form is filed by more than one reporting person, see Instruction 5 (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).