FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, D | C. 20549 |
|---------------|----------|
|---------------|----------|

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | | |
|--------------------------|--|--|--|--|--|--|--|--|--|--|
| OMB Number: 3235-028 | | | | | | | | | | |
| Estimated average burden | | | | | | | | | | |
| hours per response: | | | | | | | | | | |

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

| Name and Address of Reporting Person* Renaud Todd | | | 2. Issuer Name and Ticker or Trading Symbol CONNS INC [CONN] | | | | | | | | (Ched | ck all app Direct | , | ng Pei | 10% O | o Issuer o Owner er (specify | | | | |
|--|---|--|--|--------------------------------------|---|--|---------------------------|--------------|---------------------|------------------------|--|----------------------|---------------------|--|--|---|--------------------------------------|---|-----------|--|
| (Last) (First) (Middle) 2445 TECHNOLOGY FOREST BLVD. SUITE 800 | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/24/2020 | | | | | | | | | X | below | v) `` Vice Presi | ident | below) | | |
| (Street) THE WOODI (City) | | | 7381 Zip) | | 4. If <i>i</i> | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Ind Line) | Form Form | vidual or Joint/Group Filing (Check Applicable 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. Transacti Date (Month/Day | | | | Execution (Year) | | ution [/ | ution Date, Ti | | | | es Acquired (A) Of (D) (Instr. 3, | | | Securit Benefic | ecurities eneficially wned Following | | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amount | (A) (D) | or P | rice | Transa | action(s) . 3 and 4) | | | (11301.4) | |
| Common Stock 03/24/20 | | | | | 2020 | | | | F | F 6,937 ⁽¹⁾ | | D | \$ | 4.81 ⁽²⁾ | | 49,143 | | D | | |
| 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) | erivative Conversion Date Execution Date, ecurity or Exercise (Month/Day/Year) if any | | tion Date, | Transaction Code (Instr. 8) Sc AA (A | | of Deriv | r osed) r. 3, 4 | Expiration D | | ate | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | Setr. | Price of erivative ecurity istr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownersh Form: Direct (D or Indire (I) (Instr. | Ownership | Beneficial Ownership (Instr. 4) | | |
| | | | | | Code V | | (A) | (D) | Date Exercisable | | Expiration Date | Title | Numl of Share | | | | | | | |

Explanation of Responses:

- 1. Represents shares withheld for withholding tax purposes due upon vesting of 17,843 Performance Stock Units granted on February 23, 2017.
- 2. Price based on closing price of Conn's, Inc. Common Stock on date of vesting.

Remarks:

/s/ Mark Prior, as attorney-in-

<u>fact</u>

03/26/2020

** Signature of Reporting Person

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.