FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

| Check this box if no longer subject to | STATEMENT OF CH |
|--|---------------------|
| Section 16. Form 4 or Form 5 obligations may continue. See | |
| Instruction 1(b). | Filed pursuant to S |

HANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* JACOBY JON E M | | | | | | 2. Issuer Name and Ticker or Trading Symbol CONNS INC [CONN] | | | | | | | | (Che | elationshi eck all app CDirec | olicable) | orting P | erson(s) to | Issuer Owner |
|---|----------|-------------------|----------------|--|-------|--|-----|--|---|-------|---|---------------------------------|--|---|--|---|--------------------------|-----------------|--------------------------------|
| (Last) 100 MOI SUITE 5 | RGAN KEI | irst) (EGAN DRIVE | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/07/2014 | | | | | | | | Offic belov | er (give tit v) | tle | le Other (specify below) | | |
| (Street) | | | 70000 | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | |
| (City) | ROCK A | | 72202 (Zip) | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| Da | | | Date | te onth/Day/Year) if | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. 4. Securitie Transaction Disposed (Code (Instr. 8) | | | | Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) |
| Common | Stock | | | 01/07/2 | 014 | | | | S | | 10,000 | D | \$74. | .5 | 475, | 291 | l D | | |
| Common | Stock | | | | | | | | | | | | | | 208,0 | 08,055 ⁽¹⁾ I Two | | | By Coral Two Corporation |
| Common | Stock | | | | | | | | | | | | | 4,305,343 ⁽²⁾ I SG-1: LLC | | | | SG-1890, LLC | |
| | | Та | able II | | | | | | | | osed of, convertib | | | | Owned | | | | |
| Derivative Conversion Date Execution Date, Tr Security or Exercise (Month/Day/Year) if any | | | | substantial of the following securities of the following s | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership t (Instr. 4) | | | |
| | | | | | Code | v | (A) | (D) | Date Exerci | sable | Expiration Date | Title | or Number of Shares | | | | | | |

Explanation of Responses:

- 1. Represents total shares of Conn's Inc. Common Stock held by Coral Two Corporation. The reporting person is the President and sole owner of Coral Two Corporation.
- 2. Represents total shares of Conn's Inc. Common Stock held by SG-1890, LLC. The reporting person is a member of the Executive Committee of The Stephens Group, LLC, the Manager of SG-1890, LLC. The reporting person disclaims beneficial ownership of such shares except to the extent of his pecuniary interest herein.

Ronald M. Clark, attorney-infact of reporting person

01/07/2014

** 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.