FORM 4

obligations may continue. See

Instruction 1(b)

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	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]											ship of Reporting Person(s) to applicable)			Issuer Owner	
		rst) (Middle)		3. Date of Earliest Transaction (Month/Day/Year) 02/01/2008									Officer (give title below)			Other (specify below)		
SUITE 50 (Street) LITTLE (City)	ROCK AI		72202 Zip)		4. If An 02/05		ent, Date	of Origin	al Filed	d (Month/Da	ay/Ye	ear)		i. Indiv ine) X	Form	r Joint/Group n filed by One n filed by Mor on	e Reporti	ng Pers	on
		Tabl	e I - Noi	n-Deriva	ative S	ecuri	ties Ac	quirec	l, Dis	posed o	f, o	r Ben	efici	ally (Owne	ed			
		2. Transac Date (Month/Da	Execution Da		tion Date,	Code (Inst		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)				4 and Securitie Beneficia		ties cially d Following	6. Owner Form: D (D) or Ir (I) (Insti	irect direct	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code	v	Amount		(A) or (D)	Pric	:e	Transa	action(s) 3 and 4)			(111501.4)
Common	Stock			02/01/	2008			Z ⁽¹⁾		570,28	30	D	4	50		0(2)	I		By Voting Trust
Common	Stock			02/01/	2008			Z ⁽⁵⁾		5,196,7	'80	A	4	50	5,70	67,060 ⁽³⁾	I		By SG- 1890, LLC
Common	Stock														3	,588 ⁽⁴⁾	Γ)	
		Та								sed of, onvertib					vned				
Derivative Conversion Date Ex. Security or Exercise (Month/Day/Year) if a		3A. Deem Execution if any (Month/Da	ned 4. n Date, Transactio		5. Number 6		1	Exercision Dat	sable and	7. T Ame Sec Und Der Sec	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		8. Pri	ivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	n: ct (D) direct	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code V	//) (D)	Date		Expiration	Title	of	nber						

Explanation of Responses:

- 1. Represents transfer of shares from voting trust to 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 therein.
- 2. This line is added to Table I of the original report.
- 3. 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 therein. This line is added to Table I of the original report. This number includes the shares reflected in box 5 of line 1 of Table I of the original report.
- 4. This line amends and replaces line 2 of Table I of the original report to reflect the corrected share amount owned directly by the reporting person.
- 5. Reflects transfer of shares to SG-1890, LLC by persons other than the reporting person.

Remarks:

Note: Except as expressly amended herein, the original report remains in full force and effect.

Ronald M. Clark, Attorney-infact for reporting person

** Signature of Reporting Person

06/25/2013

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.