FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | OMB APPRO | VAL | | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | |
| l | Estimated average burden | | | | | | | | |
| l | hours per response: | 0.5 | | | | | | | |

| | Check this box if no longer subject to | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|
| ١ | Section 16. Form 4 or Form 5 | | | | | | | | |
|) | obligations may continue. See | | | | | | | | |
| | Instruction 1(h) | | | | | | | | |

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

| | | | | | | UI S | Secu | 011 30(11) | or the n | ivesinei | iii Coi | прапу Аст | 01 15 | 940 | | | | | | | |
|--|---|------------------|--|--|---|--------------|---|---|---------------------|--------------------|----------------------------|---------------------|--|---------------|---|----------------------|---|---|---|---------------------------------------|--|
| Name and Address of Reporting Person* Dolar Prion | | | | | 2. Issuer Name and Ticker or Trading Symbol CONNS INC CONN | | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
| Daly Brian (Last) (First) (Middle) 4055 TECHNOLOGY FOREST BLVD | | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/01/2017 | | | | | | | | | | belov | er (give title w) | | , | |
| (Street) THE WOODLANDS TX 77381 (City) (State) (Zip) | | | | | | 4. If | | | | | | | | | | | i. Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | | Tabl | e I - Noi | า-Deriv | ative | Se | curitie | s Acc | uired, | Dis | posed o | f, o | r Ben | efici | ally (| Owne | ed | | | |
| Date | | | | | | Day/Year) if | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Dispos | | Disposed | ities Acquired (A) d Of (D) (Instr. 3, 4 | | | 4 and Se Be Ov | | ount of ities icially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Ownership | |
| | | | | | | | | | | Code | v | Amount | | (A) or (D) | Price | , | Reported Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) | |
| Common Stock 12/01/ | | | | | | /2017 | , | | | F | | 916(1) |) | D \$30 | | .8(2) | 8 ⁽²⁾ 48,396 | | D | | |
| | | | Та | | | | | | | | | sed of, onvertib | | | | | vned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercing Price of Derivative Security | ion ise /e | 3. Transaction Date (Month/Day/Year) | 3A. Deem Execution if any (Month/Da | Date, | | Transaction Code (Instr. | | of | | xercis on Dat Day/Ye | | 7. Title and Amount of Securities Underlying Derivative Security (Instrand 4) | | | | ivative urity | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownershi Form: Direct (D) or Indirect (I) (Instr. 4 | Beneficial Ownership (Instr. 4) | |
| | | | | | Code | Code V | | | Date Exercisable | | Expiration | Titl | or Nu of | nount mber | | | | | | | |

Explanation of Responses:

- 1. Represents shares withheld to pay withholding taxes due upon vesting of Restricted Stock Units awarded on December 1, 2016.
- 2. Price based on closing price of Conn's, Inc. Common Stock on date of vesting.

Remarks:

/s/Mark Prior, as attorney-in-

fact

** Signature of Reporting Person

Date

12/01/2017

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.