FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549	
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

OMB APPROVAL									
OMB Number: 3235-0287									
Estimated average burden									
hours per response:	0.5								

	tion 1(b).	iuc. occ	F							ies Exchang mpany Act o		L934			nours	per re	esponse:	0.5
Name and Address of Reporting Person* Susan Stephens Campbell 2012 Trust					2. Issuer Name and Ticker or Trading Symbol CONNS INC [CONN]								5. Relationship of Reportir (Check all applicable) Director				erson(s) to Is	
(Last) (First) (Middle) 100 RIVER BLUFF DRIVE, SUITE 500					3. Date of Earliest Transaction (Month/Day/Year) 07/06/2021									Office below	r (give title	e Other (s below)		pecify
(Street) LITTLE (City)	ROCK AF		2202 ⁽ ip)	4. If									Individue) X	′				
		Table	I - Non-Der	ivative	Secu	rities	Acq	juired,	, Dis	posed of	, or Be	nefic	ially	Owne	ed			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da				Execution y/Year) if any		ution Date,				es Acquired (A) Of (D) (Instr. 3,		4 and Securit		ties Fo cially (D d Following (I)		m: Direct or Indirect instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Code	v	Amount	(A) or (D)	Price	- 11	Transaction(s) (Instr. 3 and 4)				(1115411 4)
Common Stock 07/06/			6/2021	2021		S		78	D	\$25	25.69		5,184		D			
		Tal	ole II - Deriv (e.g.,							osed of, convertib				wned	t			
1. Title of Derivative Security (Instr. 3)	erivative Conversion Date Execution Date, or Exercise (Month/Day/Year) if any			Code	Transaction Code (Instr.		vative vities vired r osed) r. 3, 4	6. Date Exercis Expiration Date (Month/Day/Yea		te Amount of Securities Underlying Derivative Security (Ins 3 and 4)		of es ing ve ve (Instr.					Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercis	sable	Expiration Date		mount r lumber f shares						

Explanation of Responses:

Ronald M. Clark, Attorney-in-07/07/2021 <u>fact</u>

** 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.