FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

OMB Number: 3235-028*
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| | Check this box if no longer subject to | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|--|
| ١ | Section 16. Form 4 or Form 5 | | | | | | | | | |
| ı | obligations may continue. See | | | | | | | | | |
| | Instruction 1(h) | | | | | | | | | |

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* Moylan Deana | | | | | | 2. Issuer Name and Ticker or Trading Symbol CONNS INC [CONN] | | | | | | | | | | Check | all app | p of Reporting Person(s) to Iss blicable) ctor 10% Over (give title Other (s | | wner | |
|--|---|--|--|------------------------------|-------|--|--|--------------|---------------|---------------------------------------|-----------|--------|---|-----------------------------------|---------------|--|---|--|--|---|---|
| (Last) (First) (Middle) 4055 TECHNOLOGY FOREST BLVD. SUITE 210 | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/01/2014 | | | | | | | | | | X Officer (give the Other (specify below) Vice Pres Human Resources | | | | | ` |
| (Street) THE WOODLANDS TX 77381 (City) (State) (Zip) | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | . Indivi ine) X | dual 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. Transac Date (Month/Date) | | | | | | ar) E | A. Deemed execution Date, fany Month/Day/Year | | , Tr | Transaction Dispos Code (Instr. 5) | | | ities Acquired (A) d Of (D) (Instr. 3, | | | 4 and Securi Benef | | cially I Following | Forn (D) o | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership |
| | | | | | | | | | | Code V | , | Amount | | (A) or (D) | Price | ico Tran | | action(s) 3 and 4) | | | (Instr. 4) |
| Common Stock 12/01/ | | | | | | 4 | | | | A ⁽¹⁾ | | 3,264 | 1 | A | A \$0 | | 5,727 | | | 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) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Da if any (Month/Day/\frac{1}{2} | Date, Transacti Code (Ins | | | | | Expi | ate Exer iration D nth/Day/ | Amount of | | str. 3 | 8. Pri Deriv Secu (Instr | ative rity | 9. Number of derivative Securities Beneficially Owned Following Reported Transactions (Instr. 4) | Ownershi Form: Direct (D) or Indirec (I) (Instr. 4 | Ownership Form: | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | Code | v | (A) | (D) | Date Exer | e rcisable | Expiration ble Date Title Amou | | nber | | | | | | | | | |

Explanation of Responses:

1. Restricted Stock Units awarded to reporting person under the 2011 Omnibus Incentive Plan. Each RSU represents a contingent right to receive one share of common stock. The RSUs vest in 5 equal annual installments commencing on December 1, 2015.

/s/ Robert F. Bell, as attorney

12/03/2014

Date

in fact

** 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.