FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Ington, D.C. 20549	OMB APPROVAL

- 1										
	OMB Number:	3235-0287								
	Estimated average burden									
	hours per response:	0.5								

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* ATSMED D. AVID D.						2. Issuer Name and Ticker or Trading Symbol CONNS INC [CONN]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
ATNIP DAVID R															Directo	or		10% O	vner		
(Last) (First) (Middle)							Date of Earliest Transaction (Month/Day/Year)									(give title		Other (s	specify		
(Last)	(I		11/30/2011								Senior VP/Treasurer										
3295 COLLEGE STREET																ocinoi vi	, 110	dourci			
		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable									
(Street)														Line)	_	r 6	_				
BEAUM	ONT T	X	77701											X				orting Perso			
(City) (State) (Zip)															Form filed by More than One Reporting Person						
(0.1.)			(=-P)		<u> </u>																
		Tab	le I - Nor	າ-Deriv	ative	Se	curitie	s Ac	quired,	Dis	posed (of, or Be	enefic	ially	/ Owne	t					
1. Title of Security (Instr. 3) 2. Transac							2A. Deem					ities Acqui	red (A)	or 5. Amou					7. Nature		
Date (Month/Da						eay/Year) Execution Date, if any (Month/Day/Yea			e, Transaction Disposed Of (D) (Instr. Code (Instr. 5)				str. 3, 4	and	Securiti Benefic				of Indirect Beneficial		
(Owned		Following (i) (I			Ownership		
									Code	v	Amount	(A) (D)	or Pri	ce	Reporte Transac (Instr. 3	ction(s)			(Instr. 4)		
										1,											
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																					
				(e.g., p	uts,	calls	s, warr	ants	s, option	s, c	onverti	ble sec	uritie	s)							
1. Title of	2.	3. Transaction	3A. Deeme		4.		5. Num	nber	6. Date Exercisable an			7. Title and			B. Price of	9. Number		10.	11. Nature		
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)	Execution if any		Transaction Code (Instr.				Expiration (Month/Da			Amount of Securities			Derivative Security	derivative Securities		Ownership Form:	of Indirect Beneficial		
(Instr. 3)	Price of	(month)	(Month/Da	y/Year)	8)	Securities		Underlying					- 10	Instr. 5)	Beneficially		Direct (D)	Ownership			
Derivative							Acquired (A) or		Derivative Secu (Instr. 3 and 4)					ity		Owned Following		or Indirect (I) (Instr. 4)	(Instr. 4)		
Security						Disposed										Reported		(-, (
							of (D) (Instr.	3. 4								Transaction(s) (Instr. 4)					
				L			and 5)									<u> </u>					
										Т			Amou	ınt							
													or Numb	er							
					Code	v	(A)	(D)	Date Exercisabl		xpiration ate	Title	of Share								
Restricted Stock	(1)	11/30/2011			A		8,000		(2)		(2)	Common Stock	8,00	00	\$0.00	8,000		D			

Explanation of Responses:

- 1. Each Restricted Stock Unit represents a contagent right to receive one share of Conn's, Inc. Common Stock.
- 2. The Restricted Stock Units vest in four equal annual installments beginning on November 30, 2012. Vested common stock shares will be delivered to the reporting person within thirty days following the date of the vesting of the shares.

<u>/s/ David R. Atnip</u> <u>12/02/2011</u>

** Signature of Reporting Person 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.