FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, I	D.C.	20549
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	OMB APPROVAL						
	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). STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF CHANGES IN BENEFICIAL OWNERSHIP STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP								SHIP	Estim	OMB Number: 3235-0287 Estimated average burden hours per response: 0.5						
1. Name and Address of Reporting Person* TRAHAN DAVID W						2. Issuer Name and Ticker or Trading Symbol CONNS INC [CONN]					(Ch	neck all appointed	olicable)	10% Owr		
(Last) 3295 CO	(OLLEGE S		Middle)			3. Date of Earliest Transaction (Month/Day/Year) 12/06/2004						^ belo	w) ``	below) - Merchandising		
(Street)	IONT T	TX .	77701		4. If Am	4. If Amendment, Date of Original Filed (Month/Day/Year)					Lin	Individual or Joint/Group Filing (Check Applicable) X Form filed by One Reporting Person Form filed by More than One Reporting				
(City)	(Zip)										Pers	son	ore than one resp	
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned															
1. Title of Security (Instr. 3) 2. Transa Date (Month/D					Execution Date,		Date, Transaction Disposed Of (D) Code (Instr. 5)		cquired D) (Instr.	7. 3, 4 and Securitie Beneficia		ities icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
							Code	v	Amount		(A) or (D)	Price	Transa	ted action(s) 3 and 4)		(Instr. 4)
Common	Stock			12/06	5/2004		S		30,000	0	D	\$17.	5 1	64,530	D	
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																
						s, warrants,	option	s, co	onvertib	le s	ecurit	ies)				

Explanation of Responses:

/s/ David W. Trahan

Title

Expiration Date

Date Exercisable

12/07/2004

** Signature of Reporting Person

Amount or Number

of Shares

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.

Code

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.

(A) (D)