FORM 4

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| - | | | | | | | | | | |
|---|--------------------------|-----|--|--|--|--|--|--|--|--|
| | OMB APPROVAL | | | | | | | | | |
| | OMB Number: 3235-0 | | | | | | | | | |
| | Estimated average burden | | | | | | | | | |
| 1 | hours per response: | 0.5 | | | | | | | | |

| | | | | | | OI 3 | section | 1 30(11) | or the r | nvesime | iii Co | трапу Аст | 01 194 | +0 | | | | | | | | |
|---|---|---------------------|--|---|--------------|--|---|----------|----------|------------------|--|----------------------|-------------|---|---|---|------------------|---|---|--------------------------|--|--|
| 1. Name and Address of Reporting Person* WRIGHT THEODORE M | | | | | | | 2. Issuer Name and Ticker or Trading Symbol CONNS INC CONN | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
| | | | | | | | | | | | | | | | | X | Direc | tor | | 10% C | wner | |
| (Last) | (Last) (First) (Middle) | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/04/2011 | | | | | | | | | | Office | | | Other below) | (specify | |
| 796 STENDAL ROAD | | | | | | 04/ | | | | | | | | | | | | Interim CE | O/Pres |)/President | | |
| (Street) | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | | |
| LEWISTOWN MT 59457 | | | | | | | | | | | | | | X Form filed by One Reporting Person | | | | | | | | |
| (City) (State) (Zip) | | | | | | - | | | | | | | | | | Form filed by More than One Reporting Person | | | | | | |
| | | | Tabl | e I - No | n-Deri\ | /ative | Sec | uritie | s Acc | quired | , Dis | posed o | f, or | Ben | efici | ally O | wne | :d | | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day) | | | | | Day/Year) if | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | | ies Acquired (A) o Of (D) (Instr. 3, 4 | | | 4 and 5) S B O | | 5. Amount of Securities Beneficially Owned Following Reported | | ership Direct ndirect r. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | | Code | v | Amount | () (I | A) or D) | Price | т | Transaction(s) (Instr. 3 and 4) | | | | (11301. 4) | | |
| Common Stock 04/04/2 | | | | | /2011 | | | | P | | 20,000 | | A \$4.8 | | 397 40,000 | | 0,000 | D | | | | |
| | | | Та | | | | | | | | | osed of, onvertib | | | | | ned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversio or Exercis Price of Derivative Security | on Date e (Month | 3. Transaction Date (Month/Day/Year) | 3A. Deem Execution if any (Month/D | n Date, | | Transaction Code (Instr. | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | 8. Pric Deriva Securi (Instr. | ivative urity | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | m: ect (D) ndirect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | of | ares | | | | | | | |

Explanation of Responses:

/s/ Theodore M. Wright

04/04/2011

** 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.