FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Vashington,	D.C. 20549
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OMB APPROVAL								
OMB Number: 3235-0287								
Estimated average burden								
hours per response:	0.5							

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of	3. Transaction Date (Month/Day/Year)	3A. Deemo Execution if any (Month/Da	Date,	Transaction of Expiration Date of Secu Code (Instr. Derivative (Month/Day/Year) Underly			7. Title and of Securition Jnderlying Derivative	es I	Derivative de Security S			11. Nature of Indirect Beneficial Ownership			
		Т				curities Acqu lls, warrants,						Owned				
Common Stock 02/01				/2023		A		31,546	A	(3)	123,010		D			
Common Stock			02/01	/2023		F		4,428(1)	D	\$9.37(2)		464	D			
							Code	v	Amount	(A) or (D)	Price	Transacti (Instr. 3 a	on(s)		(	
1. Title of Security (Instr. 3)  2. Transa Date (Month/D				2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4					6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
		Tab	le I - Noı	n-Deriv	ative S	ecurities Acq	uired,	Dis	posed of,	or Ben	eficially	/ Owned				
(City)	(Sta	ate) (Z	Zip)		Pe											
WOODLANDS 17 77361												_	,	by More than One Reporting		
(Street) THE TX 77381					4. If Am	4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person				
(Last) (First) (Middle) 2445 TECHNOLOGY FOREST BLVD., STE. 800				800	3. Date of Earliest Transaction (Month/Day/Year) 02/01/2023								President of Retail			
1. Name and Address of Reporting Person*  Lastinger Rodney				Issuer Name and Ticker or Trading Symbol     CONNS INC [ CONN ]      Date of Farlicet Transaction (Month/Day/Year)						(Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director  X Officer (give title below)  Director  Officer (give title below)					
1 Nama and	d Addross of F	Panarting Daman*				. ,			. ,		5 R6	elationship o	f Reporting	Person(s) to Iss	uer	
	ns may continu			File	ed pursuar or Sec	nt to Section 16(a)	of the S	ecuriti nt Cor	es Exchange	Act of 19: 1940	34		ll l	per response:	0.5	
	nis box if no lor 16. Form 4 or F		STA	ГЕМЕ	NT OF	CHANGE	SIN	BEN	NEFICIA	L OW	NERS	HIP	III.	Number: ated average burde	3235-0287 en	

## **Explanation of Responses:**

Derivative

Security

1. Represents shares withheld to pay withholding taxes due upon vesting of Restricted Stock Units awarded on February 1, 2021 and February 1, 2022.

Code

2. Price based on closing price of Conn's, Inc. Common Stock on date of vesting.

02/01/2023

3. Restricted Stock Units awarded to reporting person under the 2020 Omnibus Equity Plan. Each RSU represents a contingent right to receive one share of common stock. The RSUs vest in three annual installments commencing on February 1, 2024.

(D)

Exercisable

02/01/2026

Securities Acquired (A) or Disposed

of (D) (Instr. 3. 4 and 5)

(A)

31,546

4. Performance-based Restricted Stock Units awarded to reporting person under the 2020 Omnibus Equity Plan. Each Performance-based Restricted Stock Unit represents a contingent right to receive a share of the Company's common stock, based on the Company's total shareholder return ("TSR").

## Remarks:

Performance

Stock Units

/s/Mark Prior, as attorney in

(Instr. 3 and 4)

Title

Stock

Amount or Number

of Shares

31,546

02/03/2023

fact

Expiration Date

02/01/2026

\*\* Signature of Reporting Person

(4)

Following Reported Transaction(s)

82,478

Owned

(Instr. 4)

Direct (D) or Indirect

(I) (Instr. 4)

D

(Instr. 4)

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.