FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									

0.5

hours per response:

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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1. Name and Address of Reporting Person* Bell Robert Frederick					2. Issuer Name and Ticker or Trading Symbol CONNS INC [CONN]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
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(Last)	((Firs	t) (1	Middle)		3. 0	ate o	of Earlies	st Trans	action (M	onth/[Day/Year)					belov	,		below)		
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(Street)						4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable						
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(City)		(Stat	e) (2	<u>∠</u> ιμ)																		
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					Date (Month	/Day/Ye		Execution if any	Execution Date, f anv		Transaction Disposed Code (Instr. 5)		d Of (D) (Instr. 3,			4 and Secur Benef				Form: Direct (D) or Indirect	of Indirect Beneficial	
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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

12/03/2014

** 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.