

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

1. Name and Address of Reporting Person* <u>Anchorage Capital Group, L.L.C.</u> (Last) (First) (Middle) 610 BROADWAY 6TH FLOOR (Street) NEW YORK NY 10012 (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 03/05/2015	3. Issuer Name and Ticker or Trading Symbol <u>CONNS INC [CONN]</u>	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) Other (specify below)	5. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person <input checked="" type="checkbox"/> Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock, \$0.01 par value per share	3,938,257	I ⁽¹⁾⁽²⁾	By Anchorage Capital Master Offshore, Ltd.

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			

1. Name and Address of Reporting Person* <u>Anchorage Capital Group, L.L.C.</u> (Last) (First) (Middle) 610 BROADWAY 6TH FLOOR (Street) NEW YORK NY 10012 (City) (State) (Zip)		
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1. Name and Address of Reporting Person* <u>Anchorage Advisors Management, LLC</u> (Last) (First) (Middle) 610 BROADWAY 6TH FLOOR (Street) NEW YORK NY 10012 (City) (State) (Zip)		
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1. Name and Address of Reporting Person* <u>Davis Anthony Lynn</u> (Last) (First) (Middle) 610 BROADWAY 6TH FLOOR (Street)		
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NEW YORK NY 10012

(City) (State) (Zip)

1. Name and Address of Reporting Person*

Ulrich Kevin Michael

(Last) (First) (Middle)

610 BROADWAY
6TH FLOOR

(Street)

NEW YORK NY 10012

(City) (State) (Zip)

1. Name and Address of Reporting Person*

Anchorage Capital Master Offshore, Ltd

(Last) (First) (Middle)

610 BROADWAY
6TH FLOOR

(Street)

NEW YORK NY 10012

(City) (State) (Zip)

Explanation of Responses:

1. Anchorage Advisors Management, L.L.C. is the sole managing member of Anchorage Capital Group, L.L.C., the investment advisor to Anchorage Capital Master Offshore, Ltd. Mr. Davis is the President of Anchorage Capital Group, L.L.C. and a managing member of Anchorage Advisors Management, L.L.C. Mr. Ulrich is the Chief Executive Officer of Anchorage Capital Group, L.L.C. and the other managing member of Anchorage Advisors Management, L.L.C.

2. Each reporting person disclaims beneficial ownership of the reported securities except to the extent, if any, of its or his pecuniary interest therein, and this report shall not be deemed an admission that such reporting person is the beneficial owner of the reported securities for purposes of Section 16 of the Securities Exchange Act of 1934, as amended, or for any other purpose.

Remarks:

Anchorage Capital Group,
L.L.C., By: /s/ Kevin M.
Ulrich, Authorized Signatory 03/10/2015

Anchorage Advisors
Management, L.L.C., By: /s/
Kevin M. Ulrich, Authorized
Signatory 03/10/2015

/s/ Anthony L. Davis 03/10/2015

/s/ Kevin M. Ulrich 03/10/2015

Anchorage Capital Master
Offshore, Ltd., By: /s/ Natalie
Birrell, Director 03/10/2015

** 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 5 (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.