

**STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP**

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

OMB APPROVAL	
OMB Number:	3235-0287
Estimated average burden hours per response:	0.5

1. Name and Address of Reporting Person* <u>Stephens W. R. Jr.</u>  (Last) (First) (Middle) <u>100 MORGAN KEEGAN DRIVE</u> <u>SUITE 500</u>  (Street) <u>LITTLE ROCK AR 72202</u>  (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <u>CONN INC [ CONN ]</u>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director <input checked="" type="checkbox"/> 10% Owner  Officer (give title below) Other (specify below)
	3. Date of Earliest Transaction (Month/Day/Year) <u>10/04/2006</u>	
	4. If Amendment, Date of Original Filed (Month/Day/Year) <u>10/06/2006</u>	

**Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			
Common Stock	10/04/2006		J <sup>(1)</sup>		36,122	D	\$0	0 <sup>(2)</sup>	I	By LLC
Common Stock	10/04/2006		J <sup>(1)</sup>		424	A	\$0	424 <sup>(3)</sup>	I <sup>(4)</sup>	By trust <sup>(4)</sup>

**Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
						Date Exercisable	Expiration Date					

**Explanation of Responses:**

- Pro rata distribution of shares from Stephens Investment Partners 2001 LLC to W.R. Stephens, Jr. Revocable Trust, a non-managing member, over which reporting person acts as trustee. Reporting person included all shares owned by the LLC on prior reports.
- This line amends and replaces line 1 of Table I of the original report.
- Amended to reflect the correct share amount distributed from Stephens Investment Partners 2001 LLC. This line amends and replaces line 2 of Table I of the original report.
- Amended to reflect that the shares were distributed to and are owned by the W.R. Stephens, Jr. Revocable Trust, over which reporting person acts as trustee.

**Remarks:**

Note: Except as expressly amended herein, the original report remains in full force and effect.

Ronald M. Clark, Attorney-in-fact for reporting person 06/27/2013

\*\* 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.