CONNS INC Form 4 October 06, 2006

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

30(h) of the Investment Company Act of 1940

OMB APPROVAL OMB

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Check this box if no longer subject to Section 16. Form 4 or Form 5

SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue.

1(b).

(Print or Type Responses)

See Instruction

1. Name and Address of Reporting Person * STEPHENS CAROL			2. Issuer Name and Ticker or Trading Symbol CONNS INC [CONN]	5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First)	(Middle)	3. Date of Earliest Transaction	(Check all applicable)			
111 CENTE	R STREET		(Month/Day/Year) 10/04/2006	Director X 10% Owner Officer (give title below) Other (specify below)			
	(Street)		4. If Amendment, Date Original	6. Individual or Joint/Group Filing(Check			
			Filed(Month/Day/Year)	Applicable Line) _X_ Form filed by One Reporting Person			
LITTLE RO	CK, AR 72	201		Form filed by More than One Reporting Person			

ITTI	E BOCK	AR 7220

(City)	(State) (2	Zip) Table	e I - Non-D	erivative S	Securit	ies Acq	uired, Disposed o	of, or Beneficial	lly 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. Securit on(A) or Dis (D) (Instr. 3, 4)	sposed	of	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)
Common Stock	10/04/2006		J(1)	36,122	D	\$ 0	0	I	By LLC
Common Stock	10/04/2006		<u>J(1)</u>	378	A	\$0	378	I	By spouse
Common Stock							3,121,165 <u>(2)</u>	I	By voting trust

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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

1. Title of Derivative	2. Conversion	3. Transaction Date (Month/Day/Year)		4. Transacti	5. onNumber	6. Date Exerc Expiration D		7. Title Amount		8. Price of Derivative	9. Nu Deriv
Security (Instr. 3)	or Exercise Price of Derivative Security	(Month Day/Tear)	(Month/Day/Year)	Code (Instr. 8)	of	(Month/Day/ e		Underly Securitic (Instr. 3	ring es	Security (Instr. 5)	Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title N	Number		

Reporting Owners

Reporting Owner Name / Address	Relationships						
r g	Director	10% Owner	Officer	Other			
STEPHENS CAROL 111 CENTER STREET		X					
LITTLE ROCK, AR 72201							

Signatures

Todd Ferguson, attorney in fact for reporting person

10/06/2006

**Signature of Reporting Person

Date

Explanation of Responses:

- * 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).
- (1) Pro rata distribution of shares from Stephens Investment Partners 2001 LLC, of which reporting person's spouse is a non-managing member. Reporting person included all shares owned by the LLC on prior reports.
- Includes 202,774 shares beneficially owned by W.R. Stephens, Jr. Children's Trust and 30,489 shares beneficially owned by each of W.R. Stephens, III Trust and Arden Jewell Stephens Trust for benefit of reporting person's children. Also includes 12,019 shares beneficially owned by reporting person, and 1,162,531 shares beneficially owned by spouse's revocable trust. Also includes 1,682,863 shares beneficially owned by Pamela D. Stephens Trust One, of which reporting person's spouse is a trustee.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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