FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

wasnington,	D.C.	20549	

OMB APPROVAL

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## 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

					01 360	11011 30(11)	or tire i	invesiment (	Compa	arry Act	01 1340						
1. Name and Address of Reporting Person* WOLF CHRISTOPHER W					2. Issuer Name and Ticker or Trading Symbol ACXIOM CORP ACXM								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
WOLI	CHICIS	IOFILER W						-	-				Director		10% Ov		
												:	Officer (below)	(give title	Other (s below)	pecify	
(Last)	(	First)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year)								,	niof Einanci	,		
ACXIOM CORPORATION					05/22/2008								C	Chief Financial Officer			
601 E 31	RD STREI	ЕT															
001 E. 5	IND OTTICE	31			. If Ame	endment. [	Date of	f Original Fil	ed (Mo	onth/Da	v/Year)	6. In	dividual or J	oint/Group Fili	ng (Check App	licable	
(Street)							Julio o.	· Original i ii	ou (	o	.y, . oa. ,	Line		5u	9 (0	oab.o	
` '	ROCK A	ΛD	72201										K Form fi	ed by One Re	porting Persor	1	
LIIILE	KUCK I	-IK	/2201										Form fi	ed by More th	an One Repor	ting	
													Person				
(City)	(	State)	(Zip)														
		To	ble I Nen	Dorivet		o uritio	- A -	auirad D	iono	2004.0	f or Bo	noficially	, Owned				
		Id	ble I - Non	Denvai	ve S	curille	SAC		ispo	seu o	oi, oi be	nencian	Owned				
1. Title of Security (Instr. 3) 2. Tran					action 2A. Deemed Execution Date,			3. 4. Securities Acquired (A) of Transaction Disposed Of (D) (Instr. 3, 4			ed (A) or	5. Amour Securities			7. Nature of Indirect		
				(Month/Day/Year)		if any (Month/Day/Year		Code (Instr.		Jispuseu	eu Oi (D) (msu. 3, 4 an		Beneficia	ally (D) o following (I) (In	or Indirect	Beneficial Ownership (Instr. 4)	
										Owned Fe							
								Code	,   <sub>A</sub>	Amount	(A) o	r Price	Transacti	on(s)		(	
											(D)		(Instr. 3 a	nu 4)			
			Table II - D	erivativ	e Sec	urities	Acqu	uired, Dis	spos	ed of,	or Ben	eficially	Owned				
			(	e.g., put	s, cal	ls, warr	ants,	, options	, con	nvertil	ble secu	ırities)					
1. Title of	2.	3. Transaction	3A. Deemed	4.		5. Numbe	er of	6. Date Exer	cisable	e and	7. Title an	d Amount	8. Price of	9. Number of	10.	11. Nature	
Derivative	Conversion	Date	Execution Dat	e, Trans	action	Derivative		Expiration Date of Securities			ies	Derivative	derivative	Ownership	of Indirect		
Security or Exercise (Month/Day/Year) if any (Month/Day/Year) Price of Derivative Security (Month/Day/Year)					(Instr.		Securities (I Acquired (A)		(Month/Day/Year) Underlying Derivative Se				Security (Instr. 5)	Securities Beneficially	Form: Direct (D)	Beneficial Ownership	
				1 1		or Disposed of (D) (Instr. 3, 4 and 5)		(Instr. 3 and 4)			nd 4)	` ′	Owned Following Reported	or Indirect (I) (Instr. 4)	(Instr. 4)		
										[				1			
					1				1			Amount	1	Transaction( (Instr. 4)	s)		
								Data				or		(			
				Code	v	(A)		Date Exercisable		iration e	Title	Number of Shares					
Non-		1							1								
Qualified											Common						
Stock Option	\$13.7	05/22/2008		A		100,000		(1)	05/2	22/2018	Stock, \$.10 Par	100,000	\$0	100,000	D		
(right to											Value						

## Explanation of Responses:

1. This option vests incrementally over four years, with 25% of the total becoming vested on the first anniversary date of the date of grant, and 25% each twelve months thereafter until 100% vested.

By: Catherine L. Hughes,

Attorney-in-Fact For:

Christopher W. Wolf

\*\* Signature of Reporting Person Date

05/27/2008

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.