FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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

					_									_						
1. Name and Address of Reporting Person*							2. Issuer Name <b>and</b> Ticker or Trading Symbol								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
MCLARTY THOMAS F III						ACXIOM CORP [ ACXM ]								- 1"	X Director			10% (	)wner	
,															21				(specify	
(Last)	(Fir		3. Date of Earliest Transaction (Month/Day/Year)										Officer (give title below)		below					
` ′	`	07/	07/30/2003																	
KISSINGER MCLARTY ASSOCIATES																				
1775 PENNSYLVANIA AVENUE, NW, SUITE 450						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable					
														L	Line)					
(Street) WASHINGTON DC 20006															X Form filed by One Reporting Person					
WASHIN	IGION DO	2	20006												Form filed by More than One Reporting Person					
																. 0.0	···			
(City)	(St	ate) (	Zip)																	
		Tabl	e I - Nor	n-Deriva	ative	Se	curitie	s Acq	juired,	Dis	posed o	f, oı	r Ben	efici	ally (	Owne	ed			
1. Title of S	ecurity (Inst	r. 3)		2. Transa	action					3. 4. Securities Acquired (A)							ount of	6. Ownership	7. Nature	
				Date (Month/D	ay/Yea		Execution Date, if any		Transaction Dispose Code (Instr. 5)			d Of (D) (Instr. 3, 4			Benef		icially (	Form: Direct (D) or Indirect	of Indirect Beneficial	
l l							(Month/Day/Year)		8)						Owne Repor		d Following ted	(I) (Instr. 4)	Ownership (Instr. 4)	
						Code	v	Amount		(A) or (D)	Price	.	Transaction(s) (Instr. 3 and 4)			<u> </u>				
	0 1 0 10	(0.0.0.0	rana 2			J		4.0.7(1)	-	. ,	·		<del>                                     </del>							
Common Stock, \$.10 par value 07/30/							/2003				127(1)		A	\$15	5.79		3,377	D		
		Ta	ble II - D	Derivati	ive S	ecu	rities	Acaui	red. D	ispo	sed of,	or B	Benefi	ciall	v Ov	vned				
											onvertib				,					
1. Title of	2.	3. Transaction	3A. Deemed Execution D if any (Month/Day		4.				6. Date Exercisab							rice of 9. Number			11. Nature	
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)		´   c	Transa Code (				Expiratio (Month/D				Amount of Securities		Derivative Security		derivative Securities	Ownership Form:	of Indirect Beneficial	
(Instr. 3)	Price of Derivative				8)		Securities		(monune ay, roan)			Underlying Derivative			(Instr. 5)		Beneficially Owned	Direct (D) or Indirect	Ownership (Instr. 4)	
	Security						Acquired (A) or		Security (Ins				str. 3			Following	(I) (Instr. 4)	(1115(1. 4)		
						Disposed of (D)		ľ			and	and 4)				Reported Transaction(s)	(s)			
							(Instr. 3, 4 and 5)									(In	(Instr. 4)			
				,	Amou			ount												
												or								
								Date		Expiration		Nur	nber							
				•	Code	v	(A)	(D)	Exercisa		Date	Title	e   Sha	ares						

## **Explanation of Responses:**

1. These shares were issued as compensation for attendance at board and committee meetings.

Catherine L. Hughes, Attorney- 07/31/2003 in-Fact

\*\* 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.