FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| wasiiiigtori, D.C. 20549 | OMB APPROVAL | | |
|--|--------------|-------|--|
| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP | OMB Number: | 3235- | |

| 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* FOX RICHARD P | | | | | | 2. Issuer Name and Ticker or Trading Symbol ACXIOM CORP [ACXM] | | | | | | | | | | ationship of Reporting Pers k all applicable) Director | | ., | rson(s) to Issuer | |
|---|--|----------|------------|--|-----------|---|---|--------|--------|---|---------|-----------------------|---|---|---|---|---------------------------------------|----------------------------------|-------------------|--|
| (Last) (First) (Middle) ACXIOM CORPORATION | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/25/2016 | | | | | | | | | | Offic belov | er (give title w) | Othe belo | r (specify v) | |
| 601 E. TI | HIRD ST | REET | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) LITTLE | ROCK A | AR : | 72201 | | | | | | | | | | | | X | | n filed by Moi | e Reporting Pe re than One Re | | |
| (City) | (| State) (| Zip) | | | | | | | | | | | | | | | | | |
| | | Tab | le I - Noi | n-Deriv | ative | Se | curiti | es Acc | quired | , Dis | posed o | f, o | r Ben | efici | ally | Owne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | Execution Da | | on Date, Transaction Code (Instr. | | | | | | | 5. Amount of Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | | | | | | | | v | Amount | | (A) or (D) | Price | | Transaction(s) (Instr. 3 and 4) | | | (111511.4) | |
| Common Stock, \$.10 Par Value 05/ | | | | 05/25 | 5/25/2016 | | | | J | | 1,511 | L ⁽¹⁾ A \$ | | \$21 | .18 26,692 | | D | | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | |
| Derivative Security Conversion or Exercise (Instr. 3) Price of Derivative Security Security Execution Date, (Month/Day/Year) Execution Date, if any (Month/Day/Year) 8) | | | | saction of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Expiration Date | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of Title Shares | | estr. 3 | unt per | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownershij Form: Direct (D) or Indirect (I) (Instr. 4 | Beneficial Ownership (Instr. 4) | | | |

Explanation of Responses:

1. These shares were issued to the reporting person as part of his compensation for service as a director of the registrant.

By: Catherine L. Hughes,

Attorney-in-Fact For: Richard 05/26/2016

P. Fox

** 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.