FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|-------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
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hours per response:

| Check this box if no longer subject to |) |
|--|---|
| Section 16. Form 4 or Form 5 | |
| obligations may continue. See | |
| Instruction 1(h) | |

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* DIE DR ANN HAYES | | | | | | 2. Issuer Name and Ticker or Trading Symbol ACXIOM CORP [ACXM] | | | | | | | | | Check | all app | olicable) | , | | |
|---|---|--|--|------------------------|--|---|---|------|-----------------|-----------------------------|--|---|---------------------|---|----------------------------|---|---|--|---|--|
| | | | | | | | | | | | | | | | X | Direc | | | | |
| (Last) (First) (Middle) ACADEMIC SEARCH CONSULTATION SERVICE | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/30/2003 | | | | | | | | | | belov | er (give title v) | | Other (specify below) | |
| 1717 K STREET, NW, SUITE 210 | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) | | | | | | | | | | | | | | | X | Form | n filed by One | e Reporting | Persor | n |
| WASHINGTON DC 20036 | | | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | |
| (City) | (5 | itate) (| (Zip) | | | | | | | | | | | | | | | | | |
| | | Tab | le I - Noi | n-Deriva | ative | Sec | curitie | s Ac | quire | d, Dis | sposed o | f, o | r Ben | efici | ally | Owne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | Exec ay/Year) if an | | xecutio any | A. Deemed kecution Date, any lonth/Day/Year) | | Transaction Dis | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5) | | | | Securities Beneficially | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | ct o ect E | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Cod | e V | Amount | | (A) or (D) Price | | Trans | | ted action(s) 3 and 4) | | " | (Instr. 4) |
| Common Stock, \$.10 Par Value 07/30/ | | | | | /2003 | | | J | | 254(1) | 254 ⁽¹⁾ A \$ | | \$15 | 5.79 | 12,715 | | D | | | |
| | | Ta | | | | | | | | | osed of, convertib | | | | | vned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deem Execution if any (Month/Da | Date, | 4. Transactio Code (Inst 8) | | | | Expira | Exerc tion Da n/Day/Y | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownersh Form: Direct (D or Indirec (I) (Instr. | hip c E D) (ect (| 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exerci | sable | Expiration Date | Title | or Nu of | ount mber ares | | | | | | |

Explanation of Responses:

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

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

Catherine L. Hughes, Attorneyin-Fact 07/31/2003

** 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.