FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C	20549
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STATEMENT OF CHANGES IN BENEFICIAL	OWNERSHIP

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

	OMB APPROVAL						
	OMB Number: Estimated average	3235-0287 burden					
	hours per response						
of R	eporting Person(s)	to Issuer					

U obligati	ons may conti ion 1(b).			File							urities Exchan Company Act				L	hours per	response	0.5
	d Address of	Reporting Person*			2.	Issue	r Name	and T		Tradir	ng Symbol	01 1940		(Check all	nship of Rep applicable) Director		X 10	% Owner
	(F IFIC AVEI I FLOOR	,	(Middle)		Date 0/18/2		est Tra	nsaction	ı (Mor	nth/Day/Year)				Officer (give elow)	title		her (specify low)
(Street) SAN FRANCI	sco C	A	94133		- 4. -	If Am	endmer	nt, Date	e of Orig	inal F	iled (Month/Da	ay/Year)		Line)	al or Joint/G Form filed by Form filed by Person	y One R	eporting F	
(City)	(S		(Zip)															
1. Title of S	Security (Ins		le I - I	2. Transact Date (Month/Day	tion	2A. Exe	Deemed	d Date,	3. Transa Code (action	4. Securities Disposed Of 5)	Acquire	ed (A) or	5. Am Secur Bener	ount of	Form: (D) or	nership Direct Indirect	7. Nature of Indirect Beneficial Ownership
						(,,,,,		,, reary	Code	v	Amount	(A) or (D)	Price	Repo Trans		(,, (,,,,	Jul. 4)	(Instr. 4)
Common	Stock, par	value \$0.10 per	share	10/18/2	2005				P		100,000	A	\$18.8	39 10	041,630		I	See footnote ⁽¹⁾⁽²⁾
Common	Stock, par	value \$0.10 per	share	10/18/2	.005				P		50,000	A	\$18.0	67 10	091,630		I	See footnote ⁽¹⁾⁽²⁾
Common	Stock, par	value \$0.10 per	share	10/18/2	2005				P		100,000	A	\$18.8	32 10	191,630		I	See footnote ⁽¹⁾⁽²⁾
Common	Stock, par	value \$0.10 per	share	10/19/2	.005				P		25,225	A	\$18.8	34 10	216,855		I	See footnote ⁽¹⁾⁽²⁾
Common	Stock, par	value \$0.10 per	share	10/19/2	2005				P		106,700	A	\$18.8	35 10	323,555		I	See Footnote ⁽¹⁾⁽²⁾
		Т	able I								posed of, convertib				ed			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execu if any	eemed ution Date, th/Day/Year)	Code	saction (Instr	n of Deri Sec Acq (A) Disp	posed D) str. 3, 4	Expir	ation	rcisable and Date //Year)	7. Title Amour Securi Under Deriva Securi and 4)	nt of ties lying tive ty (Instr. :	8. Price Derivat Securit (Instr. 5	ve derivat Securit Benefic Owned Follow Report	tive ties cially I ing ed action(s)	10. Owners Form: Direct (I or Indire (I) (Instr	Beneficial Ownership ect (Instr. 4)
					Code	v	(A)	(D)	Date Exerc	cisable	Expiration Date	Title	Amount or Number of Shares					
	d Address of	Reporting Person*																
	IFIC AVEI I FLOOR	(First) NUE	(1	Middle)														
(Street)	ANCISCO	CA	9	94133														

VA PARTNERS LLC				
-				
(Last)	(First)	(Middle)		
435 PACIFIC AVEN	NUE			
FOURTH FLOOR				
-				
(Street)				
SAN FRANCISCO	CA	94133		
,				
(City)	(State)	(Zip)		
1. Name and Address of	Reporting Person*			
UBBEN JEFFR	-			
(Last)	(First)	(Middle)		
435 PACIFIC AVEN	NUE, FOURTH FLO	OR		
	,			

(Street) SAN FRANCIS	SCO CA	94133
(City)	(State)	(Zip)
1. Name and Addre	ess of Reporting Per $\overline{\Gamma ER~H}$	son*
(Last) TWO INTERN	(First)	(Middle) CE, 25TH FLOOR
(Street) BOSTON	MA	02110
(City)	(State)	(Zip)

Explanation of Responses:

1. As General Partner of ValueAct Capital Master Fund, L.P. and ValueAct Capital Partners Co-Investors, L.P.

2. The reported stock is owned directly by ValueAct Capital Master Fund, L.P., and ValueAct Capital Partners Co-Investors, L.P. and indirectly by VA Partners, LLC as general partner of ValueAct Capital Master Fund, L.P., and ValueAct Capital Partners Co-Investors, L.P. Jeffrey W. Ubben, Peter H. Kamin and George F. Hamel are Managing Members of VA Partners, LLC, the General Partner. The reporting persons disclaim beneficial ownership of the reported stock except to the extent of their pecuniary interest therein.

Remarks

Joint Filer Information Name: ValueAct Capital Master Fund, L.P. Address: 435 Pacific Avenue, 4th Floor, San Francisco, CA 94133 Designated Filer: VA Partners, L.L.C. Issuer and Ticker Symbol: Acxiom Corporation (ACXM) Date of Event Requiring Statement: October 18, 2005 Name: ValueAct Capital Partners Co-Investors, L.P. Address: 435 Pacific Avenue, 4th Floor, San Francisco, CA 94133 Designated Filer: VA Partners, L.L.C. Issuer and Ticker Symbol: Acxiom Corporation (ACXM) Date of Event Requiring Statement: October 18, 2005 Name: Jeffrey W. Ubben Address: 435 Pacific Avenue, 4th Floor, San Francisco, CA 94133 Designated Filer: VA Partners, L.L.C. Issuer and Ticker Symbol: Acxiom Corporation (ACXM) Date of Event Requiring Statement: October 18, 2005 Name: George F. Hamel, Jr. Address: 435 Pacific Avenue, 4th Floor, San Francisco, CA 94133 Designated Filer: VA Partners, L.L.C. Issuer and Ticker Symbol: Acxiom Corporation (ACXM) Date of Event Requiring Statement: October 18, 2005 Name: Peter H. Kamin Address: Two International Place, 25th Floor, Boston, MA 02110 Designated Filer: VA Partners, L.L.C. Issuer and Ticker Symbol: Acxiom Corporation (ACXM) Date of Event Requiring Statement: October 18, 2005

VALUEACT CAPITAL MASTER FUND, L.P., BY VA PARTNERS, L.L.C., ITS 10/20/2005 GENERAL PARTNER By: /s/ George F. Hamel, Jr., Managing Member **VALUEACT CAPITAL** PARTNERS CO-INVESTORS, L.P., BY VA PARTNERS, 10/20/2005 L.L.C., ITS GENERAL PARTNER By: /s/ George F. Hamel, Jr., Managing Member VA PARTNERS, L.L.C., By: 10/20/2005 /s/ George F. Hamel, Jr., Managing Member By: /s/ George F. Hamel, Jr. 10/20/2005 By: /s/ Jeffrey W. Ubben 10/20/2005 By: /s/ Peter H. Kamin 10/20/2005 ** Signature of Reporting Person

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.