## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
Instruction 1(b).	Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

OMB APPROVAL OMB Number: Estimated average burden

0.5

hours per response:

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*  JONES JERRY C						2. Issuer Name and Ticker or Trading Symbol ACXIOM CORP [ ACXM ]								Check all ap Dire			to Issuer % Owner her (specify	
(Last) (First) (Middle) ACXIOM CORPORATION 301 E. DAVE WARD DRIVE					3. Date of Earliest Transaction (Month/Day/Year) 04/30/2018								X Officer (give title Other (specify below)  Chief Ethics & Legal Officer					
(Street) CONWAY AR 72032 (City) (State) (Zip)			2	. 4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person					
		Ta	ble I -	Non-Deriv	ative	Sec	uritie	s Ac	qui	red, I	Disposed o	f, or B	enefici	ally Own	ed			
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Ye			ear)	2A. Deemed Execution Date, if any (Month/Day/Year)		e,   -	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and			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)		
								[	Code	v	Amount	(A) or (D)	Price	Transacti (Instr. 3 a	on(s)			(instr. 4)
COMMON STOCK, \$.10 PAR VALUE 04/30/2018				18				J		264.4295(1)	A	\$25.48	3,327.	3,327.5628 <sup>(2)</sup>		I	BY MANAGED ACCOUNT 2	
COMMON STOCK, \$.10 PAR VALUE													170,	516	1	D		
COMMON STOCK, \$.10 PAR VALUE													5,194	5,194.8588		I	BY MANAGED ACCOUNT 1	
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																	
Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any				ransaction of ode (Instr. Derivativ			Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	derivativ Securiti Benefici Owned Followin Reporte	ollowing (I) (Ins eported ransaction(s)		Beneficial Ownership ect (Instr. 4)		
					Code	v	(A)	(D)	Date Exe	e rcisabl	Expiration le Date	Title	Amount or Number of Shares					

## **Explanation of Responses:**

1. On April 30, 2018, the issuer was notified by the administrator of the Acxiom Corporation Non-Qualified Deferred Compensation Plan (the "Plan") (a non-tax-conditioned supplemental retirement plan) that these shares of the issuer's common stock had been contributed to the account of the reporting person for fiscal year 2018 as the issuer's matching contribution made in accordance with the terms of the Plan. The average price per share during the period of the reporting person's 2018 participation in the Plan was \$25.48.

/s/ By: Catherine L. Hughes, Attorney-in-Fact For: Jerry C. 05/02/2018 **Jones** 

\*\* 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.

<sup>2.</sup> This number includes 44.50382 shares inadvertently omitted from the reporting person's previous Form 4s.