Instruction 1(b)

## FORM 5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Machineton	D C	20540
Vashington,	D.C.	20549

## ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-0362							
Estimated average burden								

Form 3	Holdings Repo	rted.				_							Luon	is per	response.	1.0
_	Transactions R		Fil	ed pursuant to or Section												
Name and Address of Reporting Person*     DIETZ CHARLES A  (Last) (First) (Middle)				ACXIC	2. Issuer Name and Ticker or Trading Symbol     ACXIOM CORP [ ACXM ]  3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year)					/Year)	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  X Officer (give title Other (specify below)					
(Last) 1 INFOR	MATION V	03/31/20	03/31/2004							Solutions and Products Leader						
(Street)	4. If Amend	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							
(City)	(Sta		Zip)			4-		l D:		-6	D					
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date,		3. Transaction						d Of 5. Amo	unt of ies	6. Ownership	ership   I	7. Nature of Indirect		
		(Month/Day/Year)	if any (Month/Day/Year)		Code (Instr. 8)		Amount	t	(A) or (D)	Price	Owned Issuer'	Owned at end of Issuer's Fiscal Year (Instr. 3 and (In		r   (	Beneficial Ownership (Instr. 4)	
Common Stock, \$.10 Par Value		03/31/2004			J		36	3(1)	A	\$0	21,	21,400.852		I 1	by Managed Account 1	
Common Stock, \$.10 Par Value		03/31/2004			J		102.9	9491 <sup>(2)</sup>	A	\$0	3,60	3,669.9981		I 1	by Managed Account 2	
Common Stock, \$.10 Par Value <sup>(3)</sup>											318,	318,487.9791		D		
Common Stock, \$.10 Par Value											1,08	1,080.1286		I 1	by Managed Account 3	
Common Stock, \$.10 Par Value											29.523			I 1	by Managed Account 4	
Common Stock, \$.10 Par Value <sup>(3)</sup>										17,8	95.1616			by Spouse <sup>(4)</sup>		
		Та	able II - Deriva (e.g., p	tive Securi uts, calls,									i			
1. Title of Derivative Security (Instr. 3)  2. Conversion or Exercise Price of Derivative Security  3. Transaction Date (Month/Day/Year)  3. Transaction Date (Execution Date, if any (Month/Day/Year)			Transaction Code (Instr. 8) Der Sec (A) Dis of (		rivative (Mo curities quired or sposed (D) str. 3, 4		ate Exercisable and iration Date nth/Day/Year)		Amo Secu Unde Deriv	tle and unt of urities erlying vative urity (Instr. 3		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)	
				(A)	(D)	Date Exe	e rcisable	Expiration Date	n Title	or Number of Shares						

## Explanation of Responses:

- $1. \ These \ shares \ were \ acquired \ during \ fiscal \ 2004 \ under \ the \ Company's \ 401(k) \ Retirement \ Savings \ Plan.$
- 2. These shares were acquired by Mr. Dietz's spouse during fiscal 2004 under the Company's 401(k) Retirement Savings Plan.
- 3. This option has a tandem tax withholding right.
- 4. These shares are owned by Mr. Dietz's spouse.

By: Catherine L. Hughes, Attorney-in-Fact For: Charles

Fact For: Charles 04/09/2004

A. Dietz

\*\* 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.