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

Washington,	$D \subset$	205/10
wasiiiigton,	D.C.	20549

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0362								
Estimated average burden									

Form 3	Holdings Repo	rted.				•••			•					hou	rs per r	esponse:	1.0
_	Transactions R		Fil	ed pursuant to or Sectior													
Name and Address of Reporting Person* Monroe Terilyn J.				2. Issuer N	or Section 30(h) of the Investment Company Act of 1940 2. Issuer Name and Ticker or Trading Symbol ACXIOM CORP [ACXM]						5. Relationship of Reporting F (Check all applicable) Director Officer (give title				Person(s) to Issuer 10% Owner Other (specify		
(Last) ACXIOM 301 E. D.		3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 03/31/2017							X Officer (give title Officer Specify below) Chief People & Culture Officer								
(Street)	Y AF	2 7	72032		4. If Amendment, Date of Original Filed (Month/Day/Year) 04/21/2017							Line)	ndividual or Joint/Group Filing (Check Applicable e) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(Sta	ate) (Zip)										. 0.0				
		Tabl	e I - Non-Deri	vative Sec	uritie	s Ac	quir	ed, Di	sposed	of, or	Benefic	ially	Owne	ed			
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any		Code (Instr.						Securities Beneficially		es ially	6. Ownership Form: Direct	ership I : Direct I	7. Nature of Indirect Beneficial	
				(Month/Day/Year)		8)		Amount	:	(A) or (D)	Price		Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)		(D) or Indirect (I) (Instr. 4)		Ownership (Instr. 4)
Common	on Stock, \$.10 Par Value 08/01/2016			J		10) ⁽¹⁾	A	\$19.72		43,824			D			
Common	ommon Stock, \$.10 Par Value 08/31/2016		J			9	(1)	A \$22.09		15	43,833			D			
Common	ommon Stock, \$.10 Par Value 09/30/2016		09/30/2016			J		9	(1)	A	\$22.6525		43	3,161		D	
Common	ommon Stock, \$.10 Par Value 10/31/202		10/31/2016			J		9	(1)	A \$20.0		26	6 43,170			D	
Common	nmon Stock, \$.10 Par Value 11/30/2016			J			9	(1)	A \$22.5		05 43,179		,179		D		
Common Stock, \$.10 Par Value 01		01/03/2017		J			9(1)		A	\$22.491		43,188			D		
Common Stock, \$.10 Par Value		01/31/2017			J		9	(1)	A \$2		35	43,197			D		
Common Stock, \$.10 Par Value 02		02/28/2017			J		8	(1)	A \$24.2		42	43,205			D		
Common Stock, \$.10 Par Value		03/31/2017			J		9	(1)	A \$24.1		95	43,214		D			
Common Stock, \$.10 Par Value		03/31/2017			J		364.	936 ⁽²⁾	A	A \$0.0		364.936			I 1	oy Managed Account 1	
		Та	ble II - Deriva (e.g., p	tive Secur uts, calls,									wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execution Date, Transaction of		6. Da Expi	Date Exercisable and priration Date (Amount of Securities Underlying Derivative Security (Instand 4)			tle and ount of urities erlying vative urity (Instr. 3	8. I De Se (In:	Price of rivative curity str. 5)	rative derivative rity Securities		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					(A)	(D)	Date Exer	e rcisable	Expiratio Date	on Title	Amount or Number of Shares						

Explanation of Responses:

- 1. These shares were acquired through participation in the Company's 16b-3 qualified Employee Stock Purchase Plan.
- 2. These shares were acquired during fiscal 2017 under the Company's 401(k) Retirement Savings Plan.

By: Catherine L. Hughes, Attorney-in-Fact For: Terilyn J. 05/03/2017 Monroe

** 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.