FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPRO	DVAL							
OMB Number:	3235-0287							
Estimated average burden								
hours per response:	0.5							

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

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*  HENDERSON WILLIAM J							2. Issuer Name <b>and</b> Ticker or Trading Symbol ACXIOM CORP [ ACXM ]										ionship of Reporting F all applicable) Director		10	Person(s) to Issuer 10% Owner	
(Last) (First) (Middle) ACXIOM CORPORATION							3. Date of Earliest Transaction (Month/Day/Year) 02/10/2016											Officer (give title below)		er (specify ow)	
601 E. THIRD STREET							4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) LITTLE ROCK AR 72201															X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)		(State)	) (2	Zip)																	
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																					
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da							Execution			3. Transaction Code (Instr. 8) 4. Securit Disposed 5)		ies Acquired (A) Of (D) (Instr. 3, 4			4 and Se Be Ov		ount of ities icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect		
											v	Amount		(A) or (D)	Price		Transa	Reported Transaction(s) (Instr. 3 and 4)		(1130.4)	
Common Stock, \$.10 Par Value 02/10/2							/2016					1,640(1	1)	A	\$19.5		52 54,564		D		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																					
1. Title of Derivative Security (Instr. 3)	vative Conversion Date Execution or Exercise (Month/Day/Year) if any			n Date, Transacti Code (Ins					6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)					9. Number of derivative Securities Beneficially Owned Following Reported Transactions (Instr. 4)	Ownersi Form: Direct (D or Indire (I) (Instr.	Beneficial Ownership (Instr. 4)		
				Code						Expiration Date	Number of Shares										

## **Explanation of Responses:**

1. These shares were issued to the reporting person as part of his compensation for service as a director of the registrant.

By: Catherine L. Hughes,

Attorney-in-Fact For: William 02/11/2016

J. Henderson

\*\* Signature of Reporting Person Date

 $Reminder: Report \ on \ a \ separate \ line \ for \ each \ class \ of \ securities \ beneficially \ owned \ directly \ or \ indirectly.$ 

- $^{\star}$  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.