FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPRO	VAL				
	OMB Number:	3235-0287				
l	Estimated average burde	en				
l	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

			*			2 10	cuor	Namo a	nd Tick	or or Tra	ding	Symbol				Polo	tionchi	n of Donortin	a Porcon(c) to le	ccuor		
1. Name and Address of Reporting Person*							2. Issuer Name and Ticker or Trading Symbol ACXIOM CORP [ACXM]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
<u>HENDERSON WILLIAM J</u>																X	Direc	ctor	10% (Owner		
,						-									-		Office	er (give title	Other	(specify		
(Last) (First) (Middle)								3. Date of Earliest Transaction (Month/Day/Year) 05/25/2016									belov	v)	below)		
ACXIOM CORPORATION							05/25/2010															
601 E. THIRD STREET																						
						4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)																	X Form filed by One Reporting Person					
	LITTLE ROCK AR 72201														Form filed by More than One Reporting							
				.										Person								
(City) (State) (Zip)																						
(=:5)		(=																				
			Tabl	e I - Nor	າ-Deriv	ative	Se	curitie	s Acq	լuired,	Dis	posed o	f, or	r Ben	eficia	ally (Owne	ed				
1. Title of S	ecurity (I	nstr.	3)		2. Transa	action					3. 4. Securities Acquired (A)								6. Ownership	7. Nature		
					Date (Month/D	Day/Yea	Execution D			on Date, Transaction						Bene		cially	Form: Direct (D) or Indirect	of Indirect Beneficial		
							(Month/Day/Year)		8)					Owned Repor		d Following ted	(I) (Instr. 4)	Ownership (Instr. 4)				
										Code	v	Amount		(A) or (D)	Price		Transaction(s) (Instr. 3 and 4)			(
	0.5 (0.5 (0.04.6)		+				H		- ` ' -				<u> </u>	•	_							
Common Stock, \$.10 Par Value 05/25/2							2016			J		1,511 ⁽¹⁾		A	\$21	.18 56,075		D				
			Ta	ble II - [Derivat	ive S	ecu	rities	Acaui	ired. D	ispo	sed of,	or B	Benefi	ciall	v Ov	vned					
												onvertib				,						
1. Title of	2.	Т	3. Transaction	3A. Deem	ed	4.		5. Number		6. Date Exercisable and			7. Title and			8. Price o		9. Number o	f 10.	11. Nature		
Derivative Security	Conversion	on	Date (Month/Day/Year)	Execution		Transa		on of		Expiration Date			Amount of			Derivative Security		derivative	Ownership Form:	of Indirect Beneficial		
(Instr. 3)	or Exercise Price of	- 1		if any (Month/Da	ay/Year)	Code (Insti 8)		tr. Derivative Securities		(Month/Day/Year)			Securities Underlying			(Instr. 5)		Securities Beneficially Owned Following	Direct (D)	Ownership		
Derivati Security		•							Acquired (A) or						str. 3				or Indirect (I) (Instr. 4)	(Instr. 4)		
						Disposed		and 4)				Ju. 0			Reported							
							of (D) (Instr. 3, 4										Transaction (Instr. 4)	'				
				ļ			and 5)															
														Am or	ount							
												Nur	nber									
					Code	v	(A)		Date Exercisa		Expiration Date	Title	of Sha	ıres								

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 05/26/2016

J. Henderson

** 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.