SEC Form 5

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FORM 5

| Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). |
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Form 3 Holdings Reported.

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

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Form 4 Transactions Reported.

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. Issuer Name and Ticker or Trading Symbol ACXIOM CORP [ACXM] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | |
|-------------------------------------|---------------|----------------|--|--|--|-----------------------|--|--|--|
| (Last) (First) 1 INFORMATION WAY | | (Middle) | 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 03/31/2004 | X | Officer (give title below) Strategic Developme | Other (specify below) | | | |
| (Street) LITTLE ROCK (City) | AR (State) | 72202 (Zip) | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indiv Line) X | idual or Joint/Group Filing Form filed by One Repo Form filed by More than Person | rting Person | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | 4. Securities Acqu (D) (Instr. 3, 4 and | | or Disposed Of | 5. Amount of Securities Beneficially Owned at end of | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---------------------------------|--|---|---|--|---------------|----------------|---|---|---|
| | | | | Amount | (A) or (D) | Price | Issuer's Fiscal Year (Instr. 3 and 4) | | |
| Common Stock, \$.10 Par Value | 03/31/2004 | | J | 337.9885 ⁽¹⁾ | A | \$0 | 1,125.1715 | I | by Managed Account 1 |
| Common Stock, \$.10 Par Value | | | | | | | 9,424.4015 | D | |
| Common Stock, \$.10 Par Value | | | | | | | 218.201 | I | by Managed Account 2 ⁽²⁾ |
| Common Stock, \$.10 Par Value | | | | | | | 350 | Ι | by Spouse |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1 | (e.g., puis, cans, warrans, options, convertible securities) | | | | | | | | | | | | | |
|---|---|--|---|---|------|-----|--|---|-------|---|--|--|--|--|
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transaction Code (Instr. 8) | n of | | 6. Date Exerc Expiration Da (Month/Day/Y | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount 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 are held under the Company's Supplemental Executive Retirement Plan.

By: Catherine L. Hughes,

Attorney-in-Fact For: R. Bruce 04/09/2004 Carroll

** Signature of Reporting Person Date

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

 \ast 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.