FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | |
|---------------------|----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-028 | | | | | | | |
| Estimated average h | nurden | | | | | | | |

0.5

hours per response:

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* | | | | | | 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> | | | | 1 | X | | | | | | | | | | Direc | ctor | | 10% C | wner | | |
| (Last) 1 INFOR | Last) (First) (Middle) INFORMATION WAY | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 10/29/2003 | | | | | | | | | | Offic belov | er (give title w) | | Other (below) | specify | |
| (Street) LITTLE ROCK AR 72202 | | | | 4. If | 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 | | | | | | | |
| LITTLE . | ROCK A | K , | 72202 | | | | | | | | | | | | | Forn Pers | m filed by More than One Reposon | | | orting | |
| (City) | (S | tate) (| Zip) | | | | | | | | | | | | | | | | | | |
| | | Tabl | e I - Noi | n-Deriv | ative | Se | curitie | s Acc | quired, | Dis | posed o | f, o | r Ben | efici | ally | Owne | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | ay/Year) Ex | | A. Deemed Execution Date, f any Month/Day/Year) | | Transaction Disp Code (Instr. 5) | | urities Acquired (A) sed Of (D) (Instr. 3, | | | | Securities Beneficially | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | | v | Amount | (A) or (D) Pri | | Price | | Transaction(s) (Instr. 3 and 4) | | | | (111511.4) | |
| Common Stock, \$.10 Par Value 10/2 | | | 10/29 | /2003 | | | J | | 254(1) | | A | \$15.78 | | 7,553 | |] |) | | | | |
| | | Та | | | | | | | | | sed of, onvertib | | | | y Ov | vned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deem Execution if any (Month/Da | Date, | 1. Transaction Code (Instr. 3) | | | | 6. Date E Expiratio (Month/D | n Date | 9 | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amour or Numbe of | | | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction ((Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4 | m: ect (D) ndirect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | c | Code | ide V (A | | (D) | Date Exercisable | | Expiration Date | | | | | | | | | | |

Explanation of Responses:

1. These shares were issued as compensation for attendance at board and committee meetings.

<u>Catherine L. Hughes, Attorney-</u> <u>10/31/2003</u> in-Fact

** 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.