FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | OMB APP | ROVAL |
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| OWNEDSHID | OMB Number: | 3235-028 |

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Estimated average burden hours per response: Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

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

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|--|---|--|--|------------------------------|---|---|------------|--------------------------------------|--|---|---------------------|---|----------------------|---|---|---|---|---|-----------------------|--|--|
| 1. Name and Address of Reporting Person* <u>BATTELLE JOHN L.</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol ACXIOM CORP [ACXM] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | | |
| | | | | | | | | | | | | | | X | Direc | tor | | 10% O | wner | | |
| (Last) (First) (Middle) ACXIOM CORPORATION | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/08/2018 | | | | | | | | | | Office belov | er (give title w) | | Other (specify below) | | |
| 301 E. DAVE WARD DRIVE | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | | | |
| (Street) | | | | | | | | | | | | | | | ine) X | Form | n filed by One | e Reportin | g Pers | on | |
| CONWA | Y Al | R 7 | 72032 | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | | | | | | |
| | | Tabl | e I - Non | -Deriv | ative | Se | curitie | s Acc | quired, | Dis | posed o | f, or | Ben | efici | ally O | wne | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Trans. Date (Month/I | | | /Day/Year) if | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Code (| Transaction Disposed Code (Instr. 5) | | ities Acquired (A) d Of (D) (Instr. 3, | | | 4 and Secur Benef | | cially I Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | | Code | v | Amount | | (A) or (D) | Price | , т | ransa | ction(s) 3 and 4) | | | (Instr. 4) | |
| COMMON STOCK, \$.10 PAR VALUE 08/0 | | | | /08/2018 | | | | A | | 807(1 | 1) | A \$0 | | 36,027 | | D | | | | | |
| | | Та | ıble II - D | | | | | | | | sed of, onvertib | | | | y Owr | ned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution D if any (Month/Day) | Date, Transacti Code (Ins | | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | е | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | str. 3 | 8. Price Deriva Securi (Instr. ! | ative der rity Sec . 5) Be Ow Fol Re Tra | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | t (D) lirect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) (D) | | Date Exercisal | Date E Exercisable D | | Title | or Nur of | ount nber res | er | | | | | | |

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.

/s/ By: Catherine L. Hughes, 08/09/2018 Attorney-in-Fact For: John L. **Battelle**

** 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.