Instruction 1(b).

## FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington,	D.C.	20549

STATEMENT	OF CHANGES IN	N BENEFICIAL	OWNERSHIP

**OMB APPROVAL** OMB Number: Estimated average burden hours per response: 0.5

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* <u>CHILDERS CINDY K</u>					2. Issuer Name <b>and</b> Ticker or Trading Symbol ACXIOM CORP [ ACXM ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner						
(Last) 1 INFOR	(F	,	(Middle)	3. Date of Earliest Trans 09/06/2006					nsaction (Month/Day/Year)					A below)	(give title g Develo	below)	·		
(Street)	ROCK A	R	72202		4. If Amendment, Date of				of Original Filed (Month/Day/Year)					Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting					
(City)	(S	•	(Zip)											Persor					
		Tab	ole I - N	on-Deri	vativ	e Sec	curities	S Ac	quire	d, Di	sposed o	f, or Be	neficia	lly Owned					
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)		Execution Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a			Benefici Owned F	es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Direct Indirect It. 4)	7. Nature of Indirect Beneficial Ownership				
							Code	v	Amount	(A) or (D)	Price	Reported Transact (Instr. 3	tion(s)		(	(Instr. 4)			
Common Stock, \$.10 Par Value		09/06/	09/06/2006				J		3.8747(1)	A	\$20.64	65 46,00	63.589		D				
Common Stock, \$.10 Par Value		10/04/2006					J		3.8166(1)	A	\$20.96	61 12,42	6.2065		D				
Common	nmon Stock, \$.10 Par Value											1,610	1,616.6799		I	by Managed Account			
Common Stock, \$.10 Par Value													1,310	6.7129		I	Managed Account		
		-	Table II								posed of, convertil			/ Owned					
1. Title of Derivative Security (Instr. 3)  2. Conversion or Exercise Price of Derivative Security  Security  2. 3. Transaction Date (Month/Day/Year)  (Month/Day/Year)  (Month/Day/Year)		on Date, Transaction Code (Ins					6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amou of Securities Underlying Derivative Securi (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	e s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amount or Number of Shares						
Restricted Stock Unit	(2)	11/01/2006			A		15,000		(3)	)	(3)	Common Stock, \$.10 Par Value	15,000	\$0	15,000	0	D		

## **Explanation of Responses:**

- 1. These shares were acquired through participation in the Company's 16b-3 qualified Employee Stock Purchase Plan.
- 2. Each restricted stock unit represents a contingent right to receive one share of the registrant's common stock.
- 3. The restricted stock units vest incrementally over four years, with 25% of the total becoming vested on each of 9-1-07, 9-1-08, 9-1-09 and 9-1-10, contingent upon the reporting person's continued employment with the registrant.

By: Catherine L. Hughes Attorney-in-Fact For: Cindy K. 11/03/2006 **Childers** 

\*\* 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.