FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL |          |  |  |  |  |  |  |  |  |  |  |  |
|--------------|----------|--|--|--|--|--|--|--|--|--|--|--|
| OMB Number:  | 3235-028 |  |  |  |  |  |  |  |  |  |  |  |

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

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|--------------------------|-----------|--|--|--|--|--|--|
| OMB Number:              | 3235-0287 |  |  |  |  |  |  |
| Estimated average burden |           |  |  |  |  |  |  |
| hours per response:      |           |  |  |  |  |  |  |

| 1. Name and Address of Reporting Person*  DILLARD WILLIAM T II |  |    |                  |       |                                    | 2. Issuer Name and Ticker or Trading Symbol ACXIOM CORP [ ACXM ] |   |                             |                   |   |                     |  |   |   |   | all app                        |   | g Perso   | 10% C  | wner   |
|--|--|----|------------------|-------|------------------------------------|--|---|-----------------------------|-------------------|---|---------------------|--|---|---|---|--------------------------------|---|---|--|--|
|  | ACXIOM CORPORATION   |    |                  |       |                                    |  | 3. Date of Earliest Transaction (Month/Day/Year) 05/23/2018 |                             |                   |   |                     |  |   |   |   | Officer (give title below)     |   |   | Other below)   | (specify   |
| 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 Line) |                                |   |   |  |  |
| (Street) CONWAY AR 72032                                       |  |    |                  | -     |                                    |  |   |                             |                   |   |                     |  |   | X Form filed by One Reporting Person Form filed by More than One Reporting Person |   |                                |   |   |  |  |
| (City)   | (St  |    | Zip)             | Doriv | rativo                             |  | ouritio   | s A o                       | auirod            | Dice  | nosod o             | of or                                    | Pone  | ficia   | ally C  | )wnc                           | .d  |   |  |  |
| 1. Title of Security (Instr. 3)  2. Tran Date (Month           |  |    |                  |       | saction 2A<br>Ex<br>Day/Year) if a |  | 2A. Deer<br>Execution<br>if any                             | A. Deemed<br>xecution Date, |                   | 3. 4. Securi  |                     | ities Acquired (A<br>d Of (D) (Instr. 3, |   |   | ) or 5. Am<br>4 and Secu<br>Bene                            |                                | ount of<br>ties<br>cially<br>I Following  | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4) |  | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4)  |
|  |  |    |                  |       |                                    | Code   | v   | Amount                      | (A) or<br>(D)     |   | Price               | , (                                      | Transaction(s)<br>(Instr. 3 and 4)  |   |   |                                |   |   |  |  |
| СОММО  | MON STOCK, \$.10 PAR VALUE 05/23/2018 A 1,726 <sup>(1)</sup> A \$0 148,041 D |    |                  |       |                                    |  |   | )                           |                   |   |                     |  |   |   |   |                                |   |   |  |  |
|  |  | Та | ble II - D<br>)) |       |                                    |  |   |                             |                   |   | sed of,<br>onvertib |  |   |   | y Ow  | ned                            |   |   |  |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)            | Derivative Conversion Date Security or Exercise (Month/Day/Year) if any      |    |                  |       |                                    | Transaction<br>Code (Instr.                                      |   | of E                        |                   | . Date Exercisable and<br>xpiration Date<br>Month/Day/Year) |                     |  | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Instr.<br>and 4) |   |   | ce of<br>ative<br>rity<br>. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Own<br>For<br>Dire<br>or II<br>(I) (I                             | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |
|  |  |    |                  |       | Code                               | v  | (A)   | (D)                         | Date<br>Exercisal |   | Expiration<br>Date  | Title                                    | or<br>Nun<br>of<br>Sha  | ber   |   |                                |   |   |  |  |

## **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,

Attorney-in-Fact For: William 05/25/2018

T. Dillard II

\*\* 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.