×

Go to...

<u>Toggle SGML Header</u> (+	-)	1
------------------------------	----	---

Section 1: 4 (FORM 4)

FORM 4	
--------	--

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Thomas Dan	Person [*]	2. Issuer Name and Ticker or Trading Symbol BANK OF THE OZARKS INC [OZRK]						5. Relationship of Reporting Pe (Check all ap X_Director			
17901 CHENAL PARKWAY	Y, P.O. BOX 881	1 3. Date of Earlie 10/21/2013	est Transa	ction (Month/Da	ay/Year	_X_ Officer (give title below) Vice Chair & Chie	Other (species of Lending O			
(Street) LITTLE ROCK, AR 722	31-8811	4. If Amendmer	4. If Amendment, Date Original Filed (Month/Day/Year)					6. Individual or Joint/Group Filing (Check Applicable Line) _X_Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City) (State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned									
1.Title of Security (Instr. 3)	Date (Month/Day/Year)	(Month/Day/Year)	Code (Instr. 8)		4. Securi (A) or D (Instr. 3, Amount	isposed	of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
Common Stock	10/21/2013	Â	F	Â	876	D	\$48.98	20,724	D	Â	
Common Stock	Â	Â	Â	Â	Â	Â	Â	264	Ι	Shares held in 401(k) at 10/21/2013	

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

SEC 1474 (9-02)

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 control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

			(e.g.	, puts, ca	ılls,	warra	nnts, o	ptions, conv	ertible secu	rities)					
1. Title of	2.	3. Transaction	3A. Deemed	4.		5.		6. Date Exer	rcisable	7. Tit	le and	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transact	ion	Num	ber	and Expirati	on Date	Amo	unt of	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code		of		(Month/Day	/Year)	Unde	rlying	Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8))	Deriv	vative			Secu	ities	(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative					Secu	rities			(Instr	. 3 and		Owned	Security:	(Instr. 4)
	Security					Acqu	ired			4)			0	Direct (D)	
						(A) o	r						Reported	or Indirect	
						Dispo							Transaction(s)		
						of (D	·						(Instr. 4)	(Instr. 4)	
						(Instr									
						4, and	± 5)								
											Amount				
								Date	Expiration		or				
								Date Exercisable	*	Title	Number				
								Exercisable	Date		of				
				Code	V	(A)	(D)				Shares				

Reporting Owners

Demosting Open on Name / Address	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Thomas Dan 17901 CHENAL PARKWAY	ÂX	Â	Vice Chair & Chief Lending Off	Â				

P.O. BOX 8811 LITTLE ROCK, AR 72231-8811	

Signatures

/s/ Dan Thomas	10/22/2013
**Signature of Reporting Person	Date

Explanation of Responses:

- * 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.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number. (Back To Top)