~

Go to...

### Toggle SGML Header (+)

# Section 1: 4 (FORM 4)

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

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

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

### 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 Person <sup>*</sup> – Thomas Dan			2. Issuer Name <b>and</b> Ticker or Trading Symbol BANK OF THE OZARKS INC [OZRK]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X_ Director10% Owner X_ Officer (give title below)Other (specify below) Other (specify below) Other Gamma Chief Lending Off			
17901 CHENAL PA	3. Date of Earliest Transaction (Month/Day/Year) 11/17/2014										
<sup>(Street)</sup> LITTLE ROCK, AR 72231-8811			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)		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transact Code (Instr. 8) Code	ion V		ties Acqu isposed of 4 and 5) (A) or (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

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

Persons who respond to the collection of information contained in SEC 1474 (9-02) 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, calls, warrants, options, convertible securities) 1. Title of 3. Transaction 3A. Deemed 5. Number of 6. Date Exercisable and 7. Title and Amount 8. Price of 9. Number of 10. 11. Nature 2. 4 Derivative Derivative Conversion Date Execution Date, if Trans Derivative Expiration Date of Underlying Derivative Ownership of Indirect Security or Exercise (Month/Day/Year) Code Securities (Month/Day/Year) Securities Securities Form of Beneficial any Security (Instr. 3) Price of (Month/Day/Year) (Instr. 8) Acquired (A) (Instr. 3 and 4) (Instr. 5) Beneficially Derivative Ownership or Disposed Derivative Owned Security: (Instr. 4) Following Direct (D) of (D) Security (Instr. 3, 4, Reported or Indirect and 5) Transaction(s) (I) (Instr. 4) (Instr. 4) Amount Date Expiration Title Number Exercisable Date of Code ν (A) (D) Shares Employee Stock Common 11/17/2014 Â 33,000 11/17/2017 11/17/2021 33,000 \$0 33,000 Â Option \$36.045 Â Â D А Stock (Right to Buy)

## **Reporting Owners**

Demonting Owner Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Thomas Dan 17901 CHENAL PARKWAY P.O. BOX 8811 LITTLE ROCK, AR 72231-8811	X	Â	Vice Chair & Chief Lending Off	Â			

### Signatures

/s/ Dan Thomas			11/19/2014		
**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)