FORM 3

Federal Deposit Insurance Corporation Washington, D.C. 20429

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

(PLEASE PRINT OR TYPE ALL RESPONSES)

OMB APPROVAL

OMB NUMBER: 3064-0030 EXPIRES: 07/31/2013 Estimated average burden hours per response ...1.0

1. Name of Reporting Person (Last, First, Middle)			Statement (Month/Day/Year)	4. Issuer Name and Ticker of Trading Symbol										
Franklin, Kahtleen M.			06-26-2017	Bank of the Ozarks (OZRK)										
Street Address 17901 Chenal Parkway			IRS Identification Number of Reporting Person, if an Entity (Voluntary)	5. Relationship of Reporting Person to Issuer (Check all applicable) Director 10% Owner Officer (give title below) Other (Specify below)			If Amendment, Date Original Filed (Month/Day/Year) Individual or Joint/Group Filing (Check Applicable Box)							
City State ZIP Code			4	Cilicei (give the below)		ony below)	Form filed by One Reporting Person							
Little Rock	AR	72223		-			Form filed by More than One Reporting Person							
Table I - Non-Derivative Securities Beneficially Owned														
Title of Security (Instr. 4)			Amount of Securities Beneficially Owned (Instr. 4)	Ownership Form: Direct (D) or Indirect (I (Instr. 5)	4.	Nature of Ir (Instr. 5)	ndirect Beneficial Ownership							
Common Stock			1,034	D										

Table II - Derivative Securities Beneficially Owned (e.g., plus, calls, warrants, options, convertible securities)										
Title of Derivative Security (Instr. 4)	Date Exercisable and		Title and Amount of Securities Underlying Derivative Security (Instr. 4)	e and Amount of Securities Underlying Derivative		5. Ownership Form of Derivative Securities: Direct (D) or Indirect	Nature of Indirect Beneficial Ownership (Instr. 5)			
	Date Exercisable	Expiration Date	Title	Amount or Number of shares		(I) (Instr. 5)				
Explanation of Responses:		I		l			1			
	/s/ Kathleen M. Franklin				06/26/2017					
	**Signature of Reporting Person					Date				
NOTE: File three copies of this Form, one of which must be Potential persons who are to respond to the collection of inf	manually sign	ed. If the spacined on this fol	te provided is insufficient, see Instruction 6 for procedure (1 rm are not required to respond unless the form displays a c	12 C.F.R. 335.611 current, valid OMB). Control Number.					

**Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

BURDEN STATEMENT

Public reporting burden for this collection of information is estimated to average 1.0 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to, the Paper Reduction Act Clearance Officer, Legal Division, Federal Deposit Insurance Corporation, 550 17th St. NW, Washington, D.C. 20429; and to the Office of Management and Budget, Paperwork Reduction Project (3064-0030), Washington, D.C. 20503. An agency may not conduct or sponsor, and a person is not required to respond to, a collection unless it displays a currently valid OMB control.

FDIC 6800/03 (10-05) Page 2 Page 2 of 2