Reporting Required by the Securities Exchange Act

Accessibilit

BANK OZK (FDIC Certificate Number: 110) LITTLE ROCK, AR

Form 4 Confirmation Number: EFR34181

Submission Date:02/20/2024 4:05 PM Filing Date Date:02/20/2024 4:05 PM

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

02/20/2024

Katrina Taylor

FORM 4 - H. BROWN.pdf

Form 4 Statement of Changes in Beneficial Ownership of Securities OMB Number: 3084-0030

Filing Information

No longer subject to Section 16. Form 4 or Form 5 obligations maycontinue.

Issuer Name

Ticker or Trading Symbol

OZK

0216/2024

File Attachments

File Oxer

File Name

File Submitted By

File Submitted By

Submitted Dys

The agencies are collecting the information on Forms 3, 4, and 5 pursuant to 15 USC 781, to assist investors in making investment decisions. The burden estimate for providing the required information on Forms 3, 4, and 5 ranges from 0.5 to 1.0 hour for each form. Comments on the accuracy of this burden estimate and suggestions for reducing this burden may be addressed to PRA Clearance Officer, Legal Division, FDIC, 550 17 St. NW, Washington, DC 20420 (for State normember banks); or Jessie Dunaway, Clearance Officer, Legislative and Regulatory Activities Division, Office of the Comptroller of the Currency, 250 E Street, SW, Malistop 8-4, Washington, DC 2051 (for State member banks); or Jessie Dunaway, Clearance Officer, Legislative and Regulatory Activities Division, Office of the Comptroller of the Currency, 250 E Street, SW, Malistop 8-4, Washington, DC 2051 (for State member banks); or Jessie Dunaway, Clearance Officer, Legislative and Regulatory Activities Division, Office of the Comptroller of the Currency, 250 E Street, SW, Malistop 8-4, Washington, DC 2051 (for State member banks); or Jessie Dunaway, Clearance Officer, Legislative and Regulatory Activities Division, Office of the Comptroller of the Currency, 250 E Street, SW, Malistop 8-4, Washington, DC 2051 (for State normal part of the Currency, 250 E Street, SW, Malistop 8-4, Washington, DC 2051 (for State normal part of the Currency, 250 E Street, SW, Malistop 8-4, Washington, DC 2051 (for State normal part of the Currency, 250 E Street, SW, Malistop 8-4, Washington, DC 2051 (for State normal part of the Currency, 250 E Street, SW, Malistop 8-4, Washington, DC 2051 (for Normal part of the Currency, 250 E Street, SW, Malistop 8-4, Washington, DC 2051 (for Normal part of the Currency, 250 E Street, SW, Malistop 8-4, Washington, DC 2051 (for Normal part of

FORM 4

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FEDERAL DEPOSIT INSURANCE CORPORATION	N
Washington, D.C. 20429	

OMB APPROVAL
OMB Number: 3064-0030
Expires: 04/30/2026
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

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

☐ Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

(Print or Type Responses)

1. Name and Addre	2. Issuer N	Issuer Name and Ticker or Trading Symbol							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) 10% Owner						
BROWN	HELEN	W	BANK OZ	BANK OZK OZK					-	Director Officer (give title below) Other (specify below)					
(Last) (First) (Middle) 18000 CANTRELL ROAD (Street) LITTLE ROCK AR 72223			Transca to be Re (Month	3. Date of Earliest Transcaction Required to be Reported (Month/Day/Year) 02/16/2024			Dat	Amendment, te Original ed(Month/Day	y/Year)	GENERAL COUNSEL AND CORPORATE SECRETARY 6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(State)	(Zip)	Та			le I — No	on-Deriv	ative Securit	ies Acquired,	ired, Disposed of, or Beneficially Owned					
1. Title of Security (Instr. 3)		2. Trans- action Date	Execution Date, if any (Month/ Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)				5. Amount of Securities Beneficially Owned Following Reported Transaction (s)		6. Owner-ship Form: Direct (D) or Indirect	7. Nature of Indirect Beneficial Ownership		
	Day/ Year)		Code	V	Am	(A) or (D)		Price	(Instr. 3 and 4)		(I) (Instr. 4)	(Instr. 4)			
COMMON STOCK 02/16/2024				F		1	,815	D	\$42.65		8,669	D			
CC	OMMON STOCK										6,543	I	Shares held in 401K at 02/16/202		
										\top					
		1			•	•		•							

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

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 control number.

^{*} If the form is filed by more than one reporting person, see Instruction 4(b)(v).

Table II — Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	action Date (Month/ Day/	act Co	ion	5. Number of Derivative Securities Ac-quired (A) or Dis-posed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Underlying Securities (Instr. 3 and 4)			9. Number of derivative Securities Beneficially Owned at End of Month	ship Form of Deriv- ative Security: Direct (D) or Indirect	Ben- eficial
			Code	V	(A)	(D)	Exer-	Expira- tion Date		Title Number	Amount or of Shares		(Instr. 4)	(I) (Instr. 4)	

Explanation of Responses: These shares were withheld by issuer in order to satisfy certain tax withholding obligations in connection with the vesting and net settlement of previously reported restricted stock awards in accordance with Rule 16b-3(e).

/s/ Helen Brown	02/20/2024
**Signature of Reporting Person	Date

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure.

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