Reporting Required by the Securities Exchange Act

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

Form 4 Confirmation Number: EFR34072

Submission Date:12/15/2023 4:11 PM Filing Date Date:12/15/2023 4:11 PM

Your filing has been submitted and will be published on the FDIC.gov web site under Industry Analysis, Bank Data & Statistics. The confirmation number for your filing is included above and the contents of the filing are included below. Please print a copy of this screen for your records and have the appropriate person(s) sign a paper copy of this filing. When printing, you should select Landscape orientation (not Portrait). To add another filing, click Submit Another Filing on the bottom of the screen.

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

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 may continue.									
Issuer Name	Ticker or Trading Symbol	Date of Earliest Transaction Required to be Reported	If Amendment, Date of Original Filing						
Bank OZK	OZK	12/13/2023							
File Attachments									
File Name	File Submitted By	Submitted Date							
FORM 4 - ROBERT EAST.pdf	Katrina Taylor	12/15/2023							

The agencies are collecting the information on Forms 3, 4, and 5 pursuant to 15 USC 78I, 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 20429 (for State member banks); or Jessie Dunaway, Clearance Officer, Legalstive and Regulatory Activities Division, Office of the Comprehy 250 E Street, SW, Mailstop 8-4, Washington, DC 20219 (for National banks); or Jessie Dunaway, Clearance Officer, Legalstive and Regulatory Activities Division, Office of the Currency, 250 E Street, SW, Mailstop 8-4, Washington, DC 20219 (for National banks); or Mainly Burton, Senior Paralegal (Regulations), Chief Course, Regulations, Selection, Office of Thrift Supervision, 1700 G Street, NW, 5/M3, Washington, DC 2052 (for OTS regulated savings institutions). The agencies may not conduct or sponsor, and a respondert is not required to respond to, an information collection unless it displays a currently valid Office of Management and Budget (OMB) control number.

*Intentional ministatements or omisstatements or omission of facts constitute Federal Circuits Validations, Clear St. U.S.C. 1001 and 15 U.S.C. 78ff(a).

FORM 4

FEDERAL DEPOSIT INSURANCE CORPORATION

JEKAL DEPOSIT	INSUKAN	CE CORPORA	HON
Washi	ngton, D.C.	. 20429	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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).

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 Address of Reporting Person*			2. Issuer N	2. Issuer Name and Ticker or Trading Symbol						5. R	elationship of Reporti (Check all applicable) Director	ng Person(s) t	o Issuer)% Owner	
EAST	ROBERT	C	BANK OZ	BANK OZK OZK					Officer (give title belo		ther (specifybelow			
(Last) (First) (Middle) 18000 CANTRELL ROAD		Transca	3. Date of Earliest Transcaction Required to be Reported			4. If Amendment, Date Original Filed(Month/Day/Year)			Officer (give title below)					
(Street) LITTLE ROCK AR 72223		(Month			Thea(Montabelly Teal)			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)		Table I — Non-Derivative Securities Acquir						d, Disposed of, or Beneficially Owned				
1. Title of Security (Instr. 3) 2. Transaction Date (Month/			2A. Deemed Execution Date, if any (Month/ Day/Year)	action		or D	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)] 1 i	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	ount	(A) or (D)	Price		(Instr. 3 and 4)	(I) (Instr. 4)	(Instr. 4)	
COM	IMON STOCK	12/13/2023		G		6	600 D			143,143		D		
COM	IMON STOCK									1,400	I	Shares held by spouse		
SERIES A PREFE	ERRED STOCK (OZKAP)										20,389	D		

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).

FORM 4 (continued)

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/	3A. Deemed Execution Date, if any (Month/ Day/ Year)	act Co	ion	ative Securities Ac-quired (A) or		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		of Derivative Security (Instr. 5)	O. Number of derivative ship Form of Securities ative Beneficially Owned at End of Indirect	11. Nature of Indi- rect Ben- eficial Owner- ship (Instr. 4)	
				Code	V	(A)	(D)	Exer-	Expira- tion Date	Title Number	Amount or of Shares		Month (Instr. 4)	(I) (Instr. 4)	

Explanation of Responses:

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.

FDIC 6800/04 (04-23)

/s/ Jillian Yant as POA for Robert East	12/14/2023
**Signature of Reporting Person	Date

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