

Reporting Required by the Securities Exchange Act

[Accessibility](#)

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

Form 4 Confirmation Number: EFR34034

Submission Date: 11/15/2023 4:03 PM

Filing Date: 11/15/2023 4:03 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.

Form 4

Statement of Changes in Beneficial Ownership of Securities
Filed pursuant to Section 16(a) of the Securities Exchange Act 1934

OMB Number: 3084-0030

Filing Information			
No longer subject to Section 16. Form 4 or Form 5 obligations may continue. <input type="checkbox"/>			
Issuer Name	Ticker or Trading Symbol	Date of Earliest Transaction Required to be Reported	If Amendment, Date of Original Filing
Bank OZK	OZK	11/14/2023	
File Attachments			
File Name	File Submitted By	Submitted Date	
FORM 4 - PASCHAL HAMBLEN - 11152023.pdf	Katrina Taylor	11/15/2023	
<small>The agencies are collecting the information on Forms 3, 4, and 5 pursuant to 15 USC 78j, 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 nonmember banks); Cindy Ayouch, Division of Research and Statistics, Board of Governors of the Federal Reserve System, 20th & C St., NW, Mailstop 41, Washington, DC 20551 (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, Mailstop 8-4, Washington, DC 20219 (for National banks); or Marilyn Burton, Senior Paralegal (Regulations), Chief Counsel, Regulations & Legislation, Office of Thrift Supervision, 1700 G Street, NW, 5th Fl., Washington, DC 20552 (for OTS regulated savings institutions). The agencies may not conduct or sponsor, and a respondent is not required to respond to, an information collection unless it displays a currently valid Office of Management and Budget (OMB) control number. * Intentional misstatements or omission of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).</small>			

FORM 4

FEDERAL DEPOSIT INSURANCE CORPORATION
Washington, D.C. 20429

OMB APPROVAL
OMB Number: 3064-0030
Expires: 04/30/2026
Estimated average burden hours per response.0.5

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

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 Name and Ticker or Trading Symbol		5. Relationship of Reporting Person(s) to Issuer (Check all applicable)	
HAMBLEN	PASCHALL	B	BANK OZK		OZK	<input type="checkbox"/> Director <input type="checkbox"/> 10% Owner
(Last)	(First)	(Middle)	3. Date of Earliest Transaction Required to be Reported (Month/Day/Year)		4. If Amendment, Date Original Filed(Month/Day/Year)	<input checked="" type="checkbox"/> Officer (give title below) <input type="checkbox"/> Other (specify below)
18000 CANTRELL ROAD			11/14/2023			PRESIDENT
(Street)						
LITTLE ROCK	AR	72223				
(City)	(State)	(Zip)				
6. Individual or Joint/Group Filing (Check Applicable Line)						
<input checked="" type="checkbox"/> Form filed by One Reporting Person						
<input type="checkbox"/> Form filed by More than One Reporting Person						

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. 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) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			
COMMON STOCK	11/14/2023		S		10,000	D	\$41.00	96,750	D	

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

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

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.

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	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed 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)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned at End of Month (Instr. 4)	10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Number of Shares					Amount or

Explanation of Responses:

/s/ Jillian Yant as POA for Paschall Hamblen

11/15/2023

**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).

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.