

Form 13F Filer Information

0001569650 XXXXXXXXX File Number 12-31-2023
Filer CIK Filer CCC Period

Is this a LIVE or TEST Filing?

Radio button checked LIVE Radio button not checked TEST

Would you like a return copy?

Checkbox not checked YES

Is this an electronic copy of an official filing submitted in paper format? Checkbox not checked YES

Submission Contact Information

Name

Phone

Email Address

Notification Information

Notify via Filing website only? Checkbox not checked YES

Notification will automatically be sent to the Login CIK, Submission Contact, and Primary Issuers. Specify additional addresses below.

Notification Email Addresses:

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**United States
Securities and Exchange
Commission
Washington, D.C. 20549**

| OMB APPROVAL | |
|--------------------------|-----------------------------|
| OMB Number: | 3235-0006 |
| Estimated Average burden | hours per response.....23.8 |

Form 13F

Form 13F Cover Page

Report for the Calendar Year or Quarter Ended: 12-31-2023

Check here if Amendment: Amendment Number:

This Amendment (Check only one.): Checkbox not checked is a restatement.
 Checkbox not checked adds new holdings entries.

Institutional Investment Manager Filing this Report:

Name: BANK OZK
18000 CANTRELL ROAD
Address: LITTLE ROCK AR 72223

Form 13F File Number: 028-15250

CRD Number (if applicable):

SEC File Number (if applicable):

The institutional investment manager filing this report and the person by whom it is signed hereby represent that the person signing the report is authorized to submit it, that all information contained herein is true, correct and complete, and that it is understood that all required items, statements, schedules, lists, and tables, are considered integral parts of this form.

Person Signing this Report on Behalf of Reporting Manager:

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Filer CIK Filer CCC File Number Period

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LIVE TEST

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Report for the Calendar Year or Quarter Ended:

Check here if Amendment: Amendment Number:

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Checkbox not checked adds new holdings entries.

Institutional Investment Manager Filing this Report:

Name:

Address:

Form 13F File Number:

CRD Number (if applicable):

SEC File Number (if applicable):

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Person Signing this Report on Behalf of Reporting Manager:

Name:

Title:
Phone:

Signature, Place, and Date of Signing:

[Signature] ,

[City, State]

[Date]

Do you wish to provide information pursuant to Special Instruction 5? Radio button not checked Yes Radio button not checked No

Additional Information

Report Type (Check only one.):

Checkbox not checked 13F HOLDINGS REPORT. (Check here if all holdings of this reporting manager are reported in this report.)

Checkbox not checked 13F NOTICE. (Check here if no holdings reported are in this report, and all holdings are reported by other reporting manager(s).)

Checkbox not checked 13F COMBINATION REPORT. (Check here if a portion of the holdings for this reporting manager are reported in this report and a portion are reported by other reporting manager(s).)