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

Street Address 17901 Chenal Parkway 3. IRS Identification Number of Reporting Person, if an Entity (Voluntary) 5. Relationship of Reporting Person to Issuer (Check all applicable) Director Officer (give title below) Other (Specify below) Form filed by One Reporting Person Form filed by More than One Reporting Person Table I - Non-Derivative Securities Beneficially Owned 1. Title of Security (Instr. 4) 3. IRS Identification Number of Reporting Person to Issuer (Check all applicable) Officer (give title below) Other (Specify below) Form filed by One Reporting Person Form filed by More than One Reporting Person Form filed by More than One Reporting Person Table I - Non-Derivative Securities Beneficially Owned (Instr. 5) 1. Nature of Indirect Beneficial Ownership (Instr. 5)	Name of Reporting Person (Last, First, Middle)*			Date of Event Requiring Statement (Month/Day/Year)	Issuer Name and Ticker or Trading Symbol							
Table I - Non-Derivative Securities Beneficially Owned (Instr. 4) Securities Beneficially Owned (Instr. 4) Securities Beneficially Owned (Instr. 5) Security (Instr. 5)	Proost, Robert L.		06-26-2017	Bank of the Ozarks (OZRK)								
City State ZIP Code Little Rock AR 7223 Table I - Non-Derivative Securities Beneficially Owned (Instr. 4) Security City Ci	Street Address				5. R	elationship of Reporting Personal	on to Issuer (Ch	6. If Amendment, Date Original Filed (Month/Day/Year)				
City Little Rock Table I - Non-Derivative Securities Beneficially Owned 1. Title of Security (Instr. 4) City State AR T2223 Table I - Non-Derivative Securities Beneficially Owned Securities Beneficially Owned (Instr. 5) Tother (Specify below) Form filed by One Reporting Person Form filed by More than One Reporting Person Form filed by One Reporting Person Form filed by More than One Reporting Person Form filed by One Reporting Person	17901 Chenal Parkway			(Voluntary)	l '				7 Individual or Joint/Group Filing (Check Applicable Box)			
Table I - Non-Derivative Securities Beneficially Owned 1. Title of Security (Instr. 4) 2. Amount of Securities Beneficially Owned (Instr. 4) 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) 4. Nature of Indirect Beneficial Ownership (Instr. 5)					$ \Box $	Officer (give title below)	Other (S	Specify below)				
Table I - Non-Derivative Securities Beneficially Owned 1. Title of Security (Instr. 4) 2. Amount of Securities Beneficially Owned (Instr. 4) 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) 4. Nature of Indirect Beneficial Ownership (Instr. 5)	City	State	ZIP Code		l							
1. Title of Security (Instr. 4) 2. Amount of Securities Beneficially Owned (Instr. 4) 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) 4. Nature of Indirect Beneficial Ownership (Instr. 5)	Little Rock	AR	72223						Form filed by More than One Reporting Person			
(Instr. 4) Beneficially Owned (Instr. 5) (Instr. 5) (Instr. 5)				Table I - Non-Der	ivativ	e Securities Beneficia	ally Owned					
Common Stock 20,578 I By Trust	Title of Security (Instr. 4)			Beneficially Owned		Direct (D) or Indirect (I)						
	Common Stock			20,578		I						
		_										

(Instr. 4) Expiration Date (Month/Day/Year) Date Exercisable Expiration Date Exercisable Expiration Date Date Exercisable Date Exercisable	Table II - Derivative Securities Beneficially Owned (e.g., plus, calls, warrants, options, convertible securities)								
Number of shares	Title of Derivative Security (Instr. 4)	Expiration	Date	Title and Amount of Securities Underlying Derivative Security (Instr. 4)	nount of Securities Underlying Derivative ttr. 4)			Nature of Indirect Beneficial Ownership (Instr. 5)	
/s/ Robert L. Proost 06-26-2017 **Signature of Reporting Person Date				Title	Number of		(I) (Instr. 5)		
/s/ Robert L. Proost 06-26-2017 **Signature of Reporting Person Date									
/s/ Robert L. Proost 06-26-2017 **Signature of Reporting Person Date									
/s/ Robert L. Proost 06-26-2017 **Signature of Reporting Person Date									
/s/ Robert L. Proost 06-26-2017 **Signature of Reporting Person Date									
/s/ Robert L. Proost 06-26-2017 **Signature of Reporting Person Date									
/s/ Robert L. Proost 06-26-2017 **Signature of Reporting Person Date									
/s/ Robert L. Proost 06-26-2017 **Signature of Reporting Person Date									
/s/ Robert L. Proost 06-26-2017 **Signature of Reporting Person Date									
/s/ Robert L. Proost 06-26-2017 **Signature of Reporting Person Date									
/s/ Robert L. Proost 06-26-2017 **Signature of Reporting Person Date									
**Signature of Reporting Person Date	Explanation of Responses:				I	1	<u>I</u>		
**Signature of Reporting Person Date									
**Signature of Reporting Person Date									
							06-26-2017		
NOTE: File three copies of this Form, one of which must be manually signed. If the space provided is insufficient, see Instruction 6 for procedure (12 C.F.R. 335.611)		**Signature of Reporting Person						Date	
Potential persons who are to respond to the collection of information contained on this form are not required to respond unless the form displays a current. valid OMB Control Number.	NOTE: File three copies of this Form, one of which must be	e manually sign	ed. If the space	ee provided is insufficient, see Instruction 6 for procedure (1	12 C.F.R. 335.611).			

**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

LIMITED POWER OF ATTORNEY (Section 16 Filings)

I hereby constitute and appoint Greg McKinney, Joseph Strack, Helen Brown, or any one of them, as my agent and attorney-in-fact with full powers of substitution and resubstitution, to act in my own name, place and stead, in any and all capacities, for the purpose of executing and filing any and all reports regarding Bank of the Ozarks ("Bank") required to be filed by me with the Federal Deposit Insurance Corporation ("FDIC") and any stock exchange or similar authority under Section 16 of the Securities Exchange Act of 1934, as amended, and the rules thereunder as in effect from time to time. This appointment revokes all prior appointments of agent and attorney-in-fact to execute and file reports under Section 16 of the Securities Exchange Act of 1934, as amended.

This Power of Attorney shall remain in full force and effect until the undersigned is no longer required to file forms with respect to the undersigned's holdings of and transactions in securities issued by the Bank, unless earlier revoked by the undersigned in a signed writing delivered to the foregoing attorneys-in-fact.

IN WITNESS WHEREOF, the undersigned has executed this Power of Attorney as of the 26th day of June, 2017.

/s/ Robert L. Proost