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

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Name of Reporting Person (Last, First, Middle)*			Date of Event Requiring Statement (Month/Day/Year)	Issuer Name and Ticker or Trading Symbol							
Cholmondeley, Paula			06-26-2017	Bank of the Ozarks (OZRK)							
Street Address			IRS Identification Number of Reporting Person, if an Entity	5. Rela	ationship of Reporting Perso plicable)	on to Issuer (Che	6. If Amendment, Date Original Filed (Month/Day/Year)				
17901 Chenal Parkway			(Voluntary)	Di	Director 10% Owner			7. Individual or Joint/Group Filing (Check Applicable Box)			
				Officer (give title below) Other (pecify below)					
City	State	ZIP Code						Form filed by One Reporting Person			
Little Rock	AR	72223						Form filed by More than One Reporting Person			
			Table I - Non-Der	ivative	Securities Beneficia	Illy Owned					
1. Title of Security (Instr. 4)			Amount of Securities Beneficially Owned (Instr. 4)	3.	Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of I (Instr. 5)	ndirect Beneficial Ownership			
Common Stock			7,261	D							

Table II - Derivative Securities Beneficially Owned (e.g., plus, calls, warrants, options, convertible securities)									
Title of Derivative Security (Instr. 4)	2. Date Exer Expiration (Month/Da	Date	Title and Amount of Securities Underlying Derivative Security (Instr. 4)	nount of Securities Underlying Derivative str. 4)			Nature of Indirect Beneficial Ownership (Instr. 5)		
	Date Exercisable	Expiration Date	Title	Amount or Number of shares		or Indirect (I) (Instr. 5)			
Explanation of Responses:		1		<u>I</u>					
	/s/ Paula Cholmondeley					_	06/26/2017		
			**Signature of Re	**Signature of Reporting Person					
NOTE: File three copies of this Form, one of which must be Potential persons who are to respond to the collection of inf	e manually sign ormation conta	ed. If the space	te provided is insufficient, see Instruction 6 for procedure (12 C.F.R. 335.611 current, valid OMB). Control Number.				

**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

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