FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average burden | | | | | | | | | |

0.5

hours per response:

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 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* JKHY PARTNERS | | | | | HE | 2. Issuer Name and Ticker or Trading Symbol HENRY JACK & ASSOCIATES INC JKHY] | | | | | | | | | eck all a _l Dire | nip of Reportin oplicable) ector cer (give title | : | .0% C | o Issuer % Owner er (specify | |
|---|---|--|---------------------------------|---------------------------------|---|---|---|------|---|-------|--|--|---------------------------------|--------------------|--|--|---|---|--|--|
| (Last) | (Fir | rst) (| Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/04/2004 | | | | | | | | | bel JKF | , | PARTNERS | | ′ | |
| (Street) | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Lin | 5. Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person | | | | | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | Form filed by More than One Repo Person | | | | orting | |
| | | Tabl | e I - N | on-Deriv | /ative | Sec | uritie | s Ac | quire | d, Di | sposed o | f, or I | Bene | ficial | ly Owr | ed | | | | |
| Date | | | 2. Transac Date (Month/Da | | /Year) Executio | | ution Date, | | | | ies Acquired (A) or Of (D) (Instr. 3, 4 a | | | Secu Ben Own | nount of irities eficially ed Following orted | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amount | (A) (D) | or Pr | ice | Tran | saction(s) r. 3 and 4) | | | (111501.4) | |
| Common Stock 06/02 | | | | 06/02/2 | 2004 | 004 | | | | | 35,000(1) | D | \$1 | 19.44 | 33 4 | ,355,200 | D | | | |
| Common Stock 06/03. | | | | 06/03/2 | 2004 | 004 | | | S | | 6,800(1) | D | \$1 | 19.21 | 29 4 | ,348,400 | D | | | |
| Common Stock 06/04/20 | | | | 2004 | 004 | | S | | 15,900(1) | D | \$2 | \$19.1239 | | 4,332,500 | | | | | | |
| | | Та | ble II | | | | | | | | osed of, convertib | | | | Owne | t | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | if any | emed ion Date, /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 Exer Expiration D (Month/Day/ | | ate | 7. Title and Amount of Securities Underlying Derivative Security (Instrand 4) | | tr. 3 | B. Price of Derivative Security Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4) | Owners Form: Direct (I or Indire (I) (Instr | (D) rect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exerci | sable | Expiration Date | Title | Amo or Num of Share | ber | | | | | | |

Explanation of Responses:

1. Sold pursuant to a Prearranged Trading Plan established August 19, 2003 and adopted under Rule 10b5-1. Michael E. Henry, Chairman of the Board and Chief Executive Officer of the Issuer, is also an indirect owner of a proportionate amount of these shares.

JKHY PARTNERS

06/04/2004

** Signature of Reporting Person

Date

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).
- ** 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.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.