SEC Form 4
------------

П

## FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB Number:	3235-0287
Estimated average burde	en
hours per response:	0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

						tion 30(n) of the					0.0								
1. Name and Address of Reporting Person*						2. Issuer Name and Ticker or Trading Symbol JACK HENRY & ASSOCIATES INC							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
<u>Miyashiro Shruti S</u>				JKHY	JKHY]							X Direct	or		10% Ow	vner			
(Last)	/=	irct)	(Middlo)		3 Date	3. Date of Earliest Transaction (Month/Day/Year)						-	Office below	Officer (give title		Other (s below)	pecify		
(Last) (First) (Middle) 663 HWY 60						01/01/2024							50.011	/		20.011)			
					4. If Am	4. If Amendment, Date of Original Filed (Month/Day/Year)						6.1	6. Individual or Joint/Group Filing (Check Applicable						
(Streat)					•	,	5		<b>`</b>	.,	,	Line	Line)						
(Street)	гт М	0	65708											,	•	orting Perso			
MONETT MO 65708														Form filed by More than One Reporting Person					
(City)	(S	tate)	Rule	10b5-1(c	) Tran	sact	ion In	dica	ation										
						eck this box to in	dicate that :	transa	action was	made	nursuant	to a con	tract instruct	ion or written	nlan ti	hat is intende	ed to		
						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.													
		Tab	le I - Noi	n-Deriv	ative S	ecurities A	quired	Dis	posed	of, c	or Ben	eficial	ly Owne	d					
1. Title of Security (Instr. 3) Date (Month/Date)					Execution Date,		Code (Instr. 5)					4 and Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
								v	Amoun	t (A) or Pr (D) Pr		Price	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)		
Common Stock 01/01/					/2024		М		54	3	Α	\$0 <sup>(1)</sup>	) 11,262		D				
		т				curities Acc							Owned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise	3. Transaction Date (Month/Day/Year)	3A. Deem Execution		4. Transactio Code (Inst		Expiratio	. Date Exercisable and xpiration Date Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Securit (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5) 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9			10. Ownership Form:	11. Nature of Indirec Beneficia Ownershi		

Amount or Number Date Exercisable Expiration Date of Code v (A) (D) Title Shares Vested Restricted Common 01/01/2024 543 (1) (1) Μ 543 \$<mark>0</mark> 0 Stock Units Stock

## Explanation of Responses:

1. The reporting person has elected to defer a number of restricted stock units, which have fully vested and will become payable, in cash or common stock, at the Issuer's option, upon the reporting person's termination of service as a director of the Issuer or on specified future dates, pursuant to the reporting person's deferral elections. Each vested restricted stock unit is the economic equivalent of one share of JKHY common stock.

Remarks:

Andrew Potter By Power of Attorney For Shruti S Miyashiro

01/03/2024

D

\*\* 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.