FORM 4

UNITED STA

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| TES SECURITIES AND EXCHANGE CON | IMISSION |
|---------------------------------|----------|
| | |

| OMB APPR | OVAL | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| Estimated average burden | | | | | | | | |
| hours per response: | 0.5 | | | | | | | |

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| intende defens | ed to satisfy the e conditions of struction 10. | | | | | | | | | | | | | | | | | | | | |
|---|---|--|---|------------------------------|--|---|--------|-------|---|------------------|---|--------------------|-------|--------------------|---|---|-----------------------------------|---|--|--|--|
| Name and Address of Reporting Person* LoCascio Tammy | | | | | 2. Issuer Name and Ticker or Trading Symbol JACK HENRY & ASSOCIATES INC | | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
| Locascio Taminy | | | | | JK | JKHY] | | | | | | | | | | ✓ Direct Office | or r (give title | | 10% Ov | | |
| (Last) (First) (Middle) 663 HWY 60 | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/11/2024 | | | | | | | | | | below | | | below) | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| (Street) MONET (City) | | | 65708 (Zip) | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | Lin | e) Form | dual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| | | Tabl | le I - Nor | n-Deriv | ative | Sec | uritie | es Ac | qu | uired, l | Dis | posed o | of, o | r Ber | eficia | ly Owne | d | | | | |
| III III | | | | 2. Trans Date (Month/I | ar) E | 2A. Deemed Execution Date, if any (Month/Day/Year | | ΄ Ι | Code (Instr. | | 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5) | | | Securit Benefic | neficially ned Following | | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | | | Code V | | Amount | | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | | | | |
| Common | Common Stock 11/11/ | | | | | <u> </u> | | | | M | | 365 | | A | | 365 | | | D | | |
| | | Т | | | | | | | | | | osed of onverti | | | | / Owned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution E if any (Month/Day | Date, Trans Code | | | of | | 6. Date Exercisi Expiration Date (Month/Day/Yea | | | | | | Amount | 8. Price of Derivative Security (Instr. 5) | ve derivativ Securitie | e s ally g | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Da Ex | ite ercisable | | xpiration ate | Title | | or Number of Shares | | | | | | |
| Restricted | | | | | | | | | | (2) | | (2) | Com | nmon | 265 | | | | | | |

Explanation of Responses:

(1)

1. Each restricted stock unit is the economic equivalent of one share of JKHY common stock and represents a contingent right to receive one share of JKHY common stock or, at the Issuer's option, the cash value thereof.

(2)

365

2. On July 23, 2024, the reporting person was granted restricted stock units, vesting in full on the the day before the Issuer's 2024 Annual Meeting of Stockholders.

Remarks:

Stock Units

Andrew Potter by Power of Attorney for Tammy S.

365

\$<mark>0</mark>

11/13/2024

D

Stock

** 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).

11/11/2024

** 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.