FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

3	SECO	KII	IIES	AND	EXCHANGE	COMMISSION

OMB APP	PROVAL
OMB Number:	3235-0287

0.5

Estimated average burden 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

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 intended to satisfy the affirmative defense conditions of Rule 10b5-1(c).
See Instruction 10

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1. Name and Address of Reporting Person* Nelson Lisa M					2. Issuer Name and Ticker or Trading Symbol JACK HENRY & ASSOCIATES INC [5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
					JKHY]									or (give title		Other (s		
(Last)	(Fi	rst)	(Middle)	3	3. Date of Earliest Transaction (Month/Day/Year)								below) below)					
663 HWY 60					11/15/2024													
(Street)				4	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
MONET	T M	O	65708										Form filed by One Reporting Person					
													Form filed by More than One Reporting					
(City) (State) (Zip)											Person							
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
Date				. Transacti Date Month/Day/	Execution Date,		Transaction Disposed Code (Instr. 5)		rities Acquired (A) or ed Of (D) (Instr. 3, 4 an		Benefici Owned	es Fo ally (D) Following (I)		r Indirect Estr. 4)	7. Nature of Indirect Beneficial Ownership			
								Code V	Amo	unt	t (A) or Pr			rted saction(s) . 3 and 4)			Instr. 4)	
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Date Execution (Month/Day/Year) if any	3A. Deemed Execution Da if any (Month/Day/Y	Cod	nsaction de (Instr. Secur Secur (A) or Dispoor of (D) (Instr. and 5)		tive ties red sed	6. Date Exerc Expiration Da (Month/Day/\)	ate	e and 7. Title and Amount of Securities Underlying Derivative Sec (Instr. 3 and 4)		f g Security	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				Cod	e V			Date Exercisable	Expirati Date	on	Title	Amount or Number of Shares						
Restricted Stock Units	(1)	11/15/2024		A		1,159		(2)	(2)		Common Stock	1,159	\$0	1,159		D		

Explanation of Responses:

- 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
- 2. On November 15, 2024, the reporting person was granted restricted stock units, vesting in full on the earlier of (1) the day before the Issuer's 2025 Annual Meeting of Stockholders or (2) the first anniversary of the grant date

Remarks:

Andrew Potter by Power of Attorney for Lisa M. Nelson ** Signature of Reporting Person

11/19/2024

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.