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 | | | | | | | | | |
| hours por rosponso: | 0.5 | | | | | | | | |

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* WILLIAMS KEVIN D | | | | | | 2. Issuer Name and Ticker or Trading Symbol HENRY JACK & ASSOCIATES INC [JKHY] | | | | | | | | | | | k all appli Directi Officei | cable) or (give title | g Person(s) to Iss 10% Ov Other (s | | vner | |
|---|---|--------------------------|---|---------|--------------------------------|--|--------|------|-------------------------|------------------------------------|------------------------------------|---|----------|--|--|--|--|--|--|-----------------|--------------------------------------|---|
| (Last) 663 HW | , | rst) | (Middle) | | | Date of Earliest Transaction (Month/Day/Year) /10/2010 | | | | | | | | | | | below) CHIEF FINANCIAL | | | below) L OFFICE | R | |
| (Street) MONET (City) | | | 65708 (Zip) | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | 6. Indi Line) | Form | or Joint/Group Filing (Check Applicable m filed by One Reporting Person m filed by More than One Reporting son | | | | |
| | | Tah | le I - No | n-Deriv | vative | Se | curiti | es A | cai | iired | Disi | nosed (| of c | or Be | nefic | rially | Owner | | | | | |
| Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | action | tion 2A. Deeme Execution ay/Year) if any | | | Deemed ecution Date, | | 3. 4 Transaction Code (Instr. 5 | | 4. Secur | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, | | | or | 5. Amou Securiti Benefic Owned | Amount of curities neficially vned Following | | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership |
| | | | | | | | | | | Code | v | Amount | | (A) oi (D) | r Pric | се | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | |
| Common Stock 09/10/2 | | | | | | 2010 | | | | F | | 3,41 | 7 | D | \$2 | 24.37 | 74 | 4,170 | | D | | |
| Common Stock | | | | | | | | | | | | | | | | | 9,143 | | | by 401(k) | | |
| | | Т | able II - | | | | | | | | | sed of | | | | | wned | | , | · | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | Date (Month/Day/Year) if | 3A. Deemed Execution Date, if any (Month/Day/Year) | | 4. Transactio Code (Inst | | | | | Date Exe piration I onth/Day | | 7. Title and Amo of Securities Underlying Derivative Secur (Instr. 3 and 4) | | D S | Price of erivative ecurity nstr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | ly D | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | Code | v | (A) | (D) | Dat | te ercisable | | cpiration ate | Title | | Amou or Numb of Share | er | | | | | | |
| Non- Qualified Stock Option (right to | \$10.84 | | | | | | | | | (1) | 04 | //11/2013 | | nmon ock | 50,00 | 00 | | 50,000 | | D | | |

Explanation of Responses:

1. All shares are fully vested and immediately exercisable.

KEVIN D. WILLIAMS

09/14/2010

** 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.