

Report of Organizational Actions Affecting Basis of Securities

▶ See separate instructions.

Part I Reporting Issuer

1 Issuer's name The Options Clearing Corporation		2 Issuer's employer identification number (EIN) 36-2756407	
3 Name of contact for additional information Karen Bilek	4 Telephone No. of contact 312.322.6200	5 Email address of contact Form8937@theocc.com	
6 Number and street (or P.O. box if mail is not delivered to street address) of contact One North Wacker Dr., Suite 500		7 City, town, or post office, state, and Zip code of contact Chicago, IL 60606	
8 Date of action June 9, 2016		9 Classification and description Options on shares of Home Bancshares Inc	
10 CUSIP number	11 Serial number(s) All series	12 Ticker symbol HOMB	13 Account number(s)

Part II Organizational Action Attach additional statements if needed. See back of form for additional questions.

14 Describe the organizational action and, if applicable, the date of the action or the date against which shareholders' ownership is measured for the action ▶ Each outstanding options contract on shares of Home Bancshares Inc (HOMB) is replaced by two contracts to reflect a 2-for-1 stock split. Effective date is June 9, 2016.

15 Describe the quantitative effect of the organizational action on the basis of the security in the hands of a U.S. taxpayer as an adjustment per share or as a percentage of old basis ▶ 50% of the basis in each existing contract is allocated to each of the two replacement contracts.

16 Describe the calculation of the change in basis and the data that supports the calculation, such as the market values of securities and the valuation dates ▶ Tax basis in existing contracts is allocated proportionately across the replacement contracts.

Part II Organizational Action (continued)

17 List the applicable Internal Revenue Code section(s) and subsection(s) upon which the tax treatment is based ▶ Section 1012 (a)

18 Can any resulting loss be recognized? ▶ No.

19 Provide any other information necessary to implement the adjustment, such as the reportable tax year ▶ _____

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature ▶ *Karen Bilek* Date ▶ 6/20/16

Print your name ▶ Karen Bilek Title ▶ Vice President

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no.			