FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| 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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* Houseworth Jason | | | | | <u>H&I</u> | 2. Issuer Name and Ticker or Trading Symbol H&R BLOCK INC [HRB] | | | | | | | | | elationship ck all appl Direct | , | | erson(s) to Is | |
|---|--|------------|----------|---|--|--|---|------|---------------------|--|-----------------|---|--|--|---|---|--|-----------------------------|---|
| (Last) | (1 | First) (| (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/30/2012 | | | | | | | |) | Office below | r (give title) | | Other (s | specify |
| C/O H& | R BLOCK | | | | | | | | | | | | | | | SVP, | Digi | tal | |
| ONE H&R BLOCK WAY | | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | | |
| (Street) | | | | | | | | | | | | | |) | Form | filed by One | Rep | orting Perso | on |
| KANSAS | S CITY N | MO (| 64105 | | , | | | | | | | | | | Form Perso | | e tha | ın One Rep | orting |
| (City) | (; | State) (| (Zip) | | | | | | | | | | | | | | | | |
| | | Tab | le I - N | on-Deriv | ative \$ | Sec | urities | s Ac | quired, E |)isp | osed | of, or B | enefi | ciall | y Owne | d | | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day) | | | | | | Execution Date, | | | Code (In | Transaction Disposed Code (Instr. and 5) | | | (Instr. | | 5. Amo Securit Benefic Owned Follow Report | ties For cially (D) I Ind ving (Ins | | m: Direct or rect (I) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | | | | V Amoun | | nt (A) or (D) | | rice | | ction(s) 3 and 4) | | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | |
| Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any | | | | ransaction of Deriv) Secu Acqu (A) o Disp of (D | | | erivative ecurities cquired) or ssposed (D) sstr. 3, 4 | | | ate Amount of | | | B. Price of Derivative Security (Instr. 5) | 9. Number of derivative securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercisable | | piration ite | Title | Amo or Num of Shar | ber | | | | | |
| Phantom Stock (DCP) | (1) | 04/30/2012 | | | A | | 93.894 | | (2) | | (3) | Common Stock | 93.8 | 394 | \$12.98 | 686.632 | | D | |

Explanation of Responses:

- 1. Units acquired under the H&R Block Deferred Compensation Plan (DCP) for Executives, which is a unitized fund. Each unit has the value of one share of Common Stock.
- 2. Immediate as to reporting person's contributions.
- 3. The units are payable in cash or stock at the discretion of the reporting person.

 $\frac{Scott\ W.\ Andreasen,\ per\ Power}{of\ Attorney}\ \underline{05/02/2012}$

** 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.