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

| Name and Address of Reporting Person* Bowen Tony G | | | | | | | 2. Issuer Name and Ticker or Trading Symbol H&R BLOCK INC [HRB] | | | | | | | | | | | p of Reportir blicable) tor | ng Per | son(s) to 1 | | |
|--|--|-------|-------|-------------|---|--------|--|---------|---|---------------------------------|---|--|------------|------------|--|----------------------------|---|--|--|--|---|--|
| (Last) | | First |) (N | (Middle) | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/03/2017 | | | | | | | | | cer (give title ow) Chief Financi | | Other (specify below) | | |
| ONE H&R BLOCK WAY | | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) | | | | | | | | | | | | | | | | | Form filed by One Reporting Person | | | | | |
| KANSAS CITY MO 64105 | | | | | | | | | | | | | | | | Form Perso | filed by Mor on | e than | One Rep | orting | | |
| (City) | (| Stat | e) (Z | ip) | | | | | | | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/ | | | | | | /Year) | Execution Date | | | 3. Transac Code (Ir 8) | | 4. Securities Acquired (ADisposed Of (D) (Instr. 35) | | | | 3, 4 and Sec Ben Owi | | urities F neficially (ned I | | nership : Direct - ect (I) . 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | | Code | v | Amount | (A) (D) | | Price | | Repor Trans | eported ransaction(s) nstr. 3 and 4) | | , | (mau. 1) | |
| Common Stock 07/03/20 | | | | | | | 017 | | | | | 19(1) | 1 | 4 | \$0.0000 | | 0 29,064.935 | | | D | | |
| Common Stock 07/03/20 | | | | | | | 017 | | | F | | 22 | 1 |) | \$31.04 | | 4 29,042.935 | | | D | | |
| | 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) | erivative Conversion Date curity or Exercise (Month/Day/Year) if any | | | ition Date, | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Insti 3 and 4) | | J nstr. | 8. Pr of Deriv Secu (Instr | vative rity | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | On For Or (I) 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | Code | v | (A) (D) | | Date Exercisable | | Expiration Date | Numb | | | | | | | | | |

Explanation of Responses:

1. Additional shares awarded pursuant to dividend equivalent rights related to earned market stock units.

Scott W. Andreasen, per Power of Attorney 07/06/2017

** 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.