HOOKER FURNITURE CORP

Form 4 April 14, 2016

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB Number:

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obligations may continue.

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

30(h) of the Investment Company Act of 1940

1(b).

(Last)

(Print or Type Responses)

See Instruction

1. Name and Address of Reporting Person * TOMS PAUL B JR

(First)

(Street)

(Middle)

2. Issuer Name and Ticker or Trading

Symbol

HOOKER FURNITURE CORP

[HOFT]

3. Date of Earliest Transaction

(Month/Day/Year) 04/13/2016

5. Relationship of Reporting Person(s) to

Issuer

(Check all applicable)

Chief Executive Officer

10% Owner

C/O HOOKER FURNITURE CORPORATION, POB 4708

4. If Amendment, Date Original

Filed(Month/Day/Year)

Other (specify X_ Officer (give title below)

6. Individual or Joint/Group Filing(Check

Applicable Line)

X Director

X Form filed by One Reporting Person Form filed by More than One Reporting

Person

MARTINSVILLE, VA 24115

(State) (A	Table Table	e I - Non-D	erivative Se	ecurities	Acq	uired, Disposed	of, or Beneficia	lly Owned
2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if	3. Transactio				5. Amount of Securities	6. Ownership Form: Direct	7. Nature of Indirect
	any (Month/Day/Year)	Code (Instr. 8)	*	` ′		Beneficially Owned	(D) or Indirect (I)	Beneficial Ownership
		Code V		(A) or (D) Pr		Following Reported Transaction(s) (Instr. 3 and 4)	(Instr. 4)	(Instr. 4)
04/13/2016		A	7,294	A \$	0	76,171	D	
						31,544	I	By Paul Toms TUA
						20,549.537	I	By 401K
	2. Transaction Date (Month/Day/Year)	2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if any (Month/Day/Year)	2. Transaction Date 2A. Deemed 3. (Month/Day/Year) Execution Date, if any Code (Month/Day/Year) (Instr. 8)	2. Transaction Date (Month/Day/Year) Execution Date, if any Code Disposed (Month/Day/Year) (Instr. 8) (Instr. 3, 4) Code V Amount	2. Transaction Date (Month/Day/Year) Execution Date, if any Code Disposed of (D) (Month/Day/Year) (Month/Day/Year) (A) or Code V Amount (D) Proceedings (D) (Code V Amount (D) (Code V Amount (D) (D) (Code V Amount (D) (Co	2. Transaction Date (Month/Day/Year) Execution Date, if any (Month/Day/Year) (Month/Day/Year) (Instr. 8) (Instr. 3, 4 and 5) (A) or Code V Amount (D) Price (D4/13/2016) A 7,294 A \$ 0	2. Transaction Date (Month/Day/Year)	2. Transaction Date (Month/Day/Year) Execution Date, if any (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) Execution Date, if any (Month/Day/Year) (Instr. 8) (Instr. 3, 4 and 5) (Instr. 3, 4 and 5) (Instr. 4) (Instr. 4) (A) (Instr. 3 and 4)

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of **SEC 1474** information contained in this form are not required to respond unless the form

1

(9-02)

Check this box if no longer

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displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date		4.	5.	6. Date Exerc		7. Title		8. Price of	9. Nu
Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	(Month/Day/Year)	Execution Date, if any (Month/Day/Year)	Code (Instr. 8)	of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			Amour Underl Securit (Instr.	lying	Derivative Security (Instr. 5)	Deriv Secur Bene Own Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			

TOMS PAUL B JR

C/O HOOKER FURNITURE CORPORATION

X Chief Executive Officer

POB 4708 MARTINSVILLE, VA 24115

Signatures

\s\ Robert W. Sherwood Attorney in Fact for Paul B.
Toms, Jr.

04/14/2016

**Signature of Reporting Person Date

Explanation of Responses:

- * 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. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

Reporting Owners 2