## Edgar Filing: HOOKER FURNITURE CORP - Form 4

HOOKER FURNITURE ( Form 4 January 16, 2009	CORP								
FORM /						PPROVAL			
Washington, D.C. 20549						OMB Number:	3235-0287		
							irs per		
(Print or Type Responses)									
1. Name and Address of Report WILLIAMSON HENRY	2. Issuer Name <b>and</b> Ticker or Trading Symbol HOOKER FURNITURE CORP [HOFT]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last) (First) HOOKER FURNITURE CORPORATION, POB 4	(Month/Day/Year) RNITURE 01/15/2009				X Director 10% Owner Officer (give title Other (specify below) below)				
(Street)	Filed	4. If Amendment, Date Original Filed(Month/Day/Year)				<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>			
MARTINSVILLE, VA 24	4112					Person		eporting	
(City) (State)	(Zip)	Fable I - Non-D	erivative S	Securi	ties Aco	quired, Disposed o	f, or Beneficial	lly Owned	
	Date 2A. Deemed 'ear) Execution Dat any (Month/Day/Y	3. e, if Transactio Code	4. Securi onAcquirec Disposec (Instr. 3,	ties l (A) o l of (D	r )	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of	
Common 01/15/2009 Stock		А	2,311	A	\$0	8,928	D		

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

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 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	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Titl	le and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onNumber	Expiration <b>D</b>	Date	Amou	int of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day	/Year)	Under	rlying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivativ	e		Secur	ities	(Instr. 5)	Bene
	Derivative		· · ·		Securities	5		(Instr.	3 and 4)		Owne
	Security				Acquired						Follo
	2				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						Ĩ.
					4, and 5)						
									A		
									Amount		
						Date	Expiration	<b>T</b> .4	or		
						Exercisable	Date	Title	Number		
				Cala V	(A) (D)				of		
				Code V	(A) (D)				Shares		
Repor	rtina O	wners									

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Reporting Owner Name / Address					
	Director	10% Owner	Officer	Other	
WILLIAMSON HENRY G JR HOOKER FURNITURE CORPORATION POB 4708 MARTINSVILLE, VA 24112	Х				
Signatures					
\s\ Robert W. Sherwood Attorney in Fact for Williamson, Jr.	01/16/200	9			
<b>**</b> Signature of Reporting Person	L			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.