Jackson Tonya Harris Form 3 August 30, 2017 FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB APPROVAL OMB Number: 3235-01

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

OMB 3235-0104 Number: January 31, 2005 Estimated average burden hours per response... 0.5

(Print or Type Responses)

1. Name and Address of Reporting Person <u>*</u> Jackson Tonya Harris			2. Date of Event RequiringStatement(Month/Day/Year)		3. Issuer Name and Ticker or Trading Symbol HOOKER FURNITURE CORP [HOFT]				
(Last)	(First)	(Middle)	08/29/2017		4. Relationship of Reporting Person(s) to Issuer			5. If Amendment, Date Original Filed(Month/Day/Year)	
HOOKER FURNITURE CORPORATION, 440 E. COMMONWEALTH BOULEVARD (Street) MARTINSVILLE, VA 24112					(Check all applicable) <u>X</u> Director 10% Owner Officer Other (give title below) (specify below)			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person	
MARTINSV	ILLE,A VA	AA 24112						Form filed by More than One Reporting Person	
(City)	(State)	(Zip)	Tab	ble I - No	on-Deriva	tive Securiti	ies Be	neficially Owned	
1.Title of Securi (Instr. 4)	ity		Ben	amount of a beficially C tr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nat Owne (Instr.	-	
No securities are beneficially owned			ed 0			D	Â		
Reminder: Repo	-	te line for ea	ch class of securities	s beneficia	^{illy} S	EC 1473 (7-02	2)		
	Person informa require	ation conta ed to respo	oond to the collec ined in this form nd unless the for 1B control numbe	are not m displa	ys a				

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

1. Title of Derivative Security	2. Date Exercisable and	3. Title and Amount of	4.	5.	6. Nature of Indirect
(Instr. 4)	Expiration Date	Securities Underlying	Conversion	Ownership	Beneficial Ownership
	(Month/Day/Year)	Derivative Security	or Exercise	Form of	(Instr. 5)

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		(Instr. 4)		Price of	Derivative
Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Derivative Security	Security: Direct (D) or Indirect (I) (Instr. 5)

Reporting Owners

Relationships Reporting Owner Name / Address Director 10% Owner Officer Other Jackson Tonya Harris HOOKER FURNITURE CORPORATION ÂX Â Â Â 440 E. COMMONWEALTH BOULEVARD MARTINSVILLE, VAÂ 24112 Signatures \s\ Robert W. Sherwood Attorney in Fact for Tonya Harris Jackson **Signature of Reporting Person Date

Explanation of Responses:

* If the form is filed by more than one reporting person, see Instruction 5(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.

08/30/2017