FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL
1	

3235-0287 OMB Number: 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).

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*  TOMS PAUL B JR					2. Issuer Name and Ticker or Trading Symbol HOOKER FURNITURE CORP [ HOFT ]									Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner			
(Last) (First) (Middle) HOOKER FURNITURE CORP 440 E COMMONWEALTH BLVD					3. Date of Earliest Transaction (Month/Day/Year) 09/17/2007								^ bel	Officer (give title Other (specify below) below)  Chairman, CEO & President			
(Street) MARTINSVILLE VA 24112					4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Indi Line)									Form filed by More than One Reporting			
(City)	(Sta	ate)	(Zip)											Pe	rson		
		Tab	le I - No	n-Deriva	ative S	Secu	rities Ac	quired	, Dis	posed o	of, o	r Ben	eficia	lly Owi	ned		
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day					2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			(A) or 3, 4 and	5) Secu Bend Own	mount of urities eficially led Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
								Code	v	Amount		(A) or (D)	Price	Tran	orted saction(s) r. 3 and 4)		(Instr. 4)
Common Stock				09/18/2007				S		16,397(1)		D	\$20.3	34	75,097	I	By Paul Toms TUA
Common Stock 09/				09/18/2	/18/2007			S	S		1)	D	\$20.3	34	8,947	I	By Paul Toms POA
Common Stock														8,220(2)	I	By Son	
Common Stock														4,772(2)	I	By Son	
Common Stock														47,936	D		
Common Stock														11,494	I	By ESOP	
Common Stock													2	250,924(3)	I	By MHT Trust U/W	
		Т					ies Acqu varrants,							Owne	d		
1. Title of Derivative Security  (Instr. 3)  2. Conversion or Exercise Price of Derivative Security  (Month/Day/Year)  3. Transaction Date (Month/Day/Year)  (Month/Day/Year)  (Month/Day/Year)			n Date, 1	Transaction Code (Instr.				Exerci: on Dat Day/Ye	e Ai ar) Se Ui De Se		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
Explanation (					Code V	,	(A) (D)	Date Exercisa		Expiration Date	Titl	or Nur of	ount nber ires				

- 1. The Reporting person amends his Form 4 filed on 9/19/2007 which reported incorrect numbers of shares sold on 9/18/2007 due to incorrect information provided to the reporting person from his broker.
- 2. Reporting person disclaims beneficial ownership of those shares, and this report shall not be an admission that his is the owner of such shares for the purpose of Section 16 or for any other purpose.
- 3. The reporting person is one of five equal beneficiaries of this trust and therefore disclaims ownership of these shares except to the extent of his pecuniary interest.

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

09/20/2007

Toms, Jr.

\*\* 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.