

**STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP**

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

OMB APPROVAL	
OMB Number:	3235-0287
Estimated average burden hours per response:	0.5

1. Name and Address of Reporting Person* <u>TOMS PAUL B JR</u>  (Last) (First) (Middle) <u>HOOKER FURNITURE CORP</u> <u>440 E COMMONWEALTH BLVD</u>  (Street) <u>MARTINSVILLE VA</u> <u>24112</u>  (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <u>HOOKER FURNITURE CORP [ HOFT ]</u>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input checked="" type="checkbox"/> Director 10% Owner <input checked="" type="checkbox"/> Officer (give title below) Other (specify below) <u>Chairman, CEO &amp; President</u>
	3. Date of Earliest Transaction (Month/Day/Year) <u>12/21/2007</u>	
	4. If Amendment, Date of Original Filed (Month/Day/Year)	

**Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			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 Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			
Common Stock	12/21/2007		S		6,554	D	\$21.2201	39,518	I	By Paul Toms TUA
Common Stock	12/21/2007		S		7,296	D	\$21.2201	230,300 <sup>(1)</sup>	I	By MHT Trust U/W
Common Stock	12/21/2007		S		1,000	D	\$21	3,772 <sup>(2)</sup>	I	By Son
Common Stock	12/24/2007		S		3,360	D	\$21.0122	36,158	I	By Paul Toms TUA
Common Stock	12/24/2007		S		3,740	D	\$21.0122	226,560 <sup>(1)</sup>	I	By MHT Trust U/W
Common Stock								6,220 <sup>(2)</sup>	I	By Son
Common Stock								47,936	D	
Common Stock								20,134	I	By ESOP

**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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	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 (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. 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					

**Explanation of Responses:**

- 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.
- 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.

/s/ Robert W. Sherwood  
Attorney in Fact for Paul B. Toms, Jr. 12/26/2007

\*\* 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.