FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

Check this box if no longer subject to Section 16. Form 4 or Form 5	STATEMENT OF CHANG
obligations may continue. See	
Instruction 1(b).	Filed pursuant to Section 1

OMB APPROVAL GES IN BENEFICIAL OWNERSHIP

OMB Number: Estimated average burden hours per response: 0.5

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*  GREGORY JOHN L III					2. Issuer Name <b>and</b> Ticker or Trading Symbol HOOKER FURNITURE CORP [ HOFT ]										tionship of Reportin all applicable) Director		ng Perso	on(s) to Is		
		rst) ( NITURE CORP	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 01/15/2009										Officer (give title below)		Other (specify below)		
P O BOX 4708					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) MARTINSVILLE VA 24115																Form	Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(St	ate) (	Zip)																	
		Tabl	e I - Nor	-Deriv	ative	Se	curitie	s Acc	quired,	Dis	posed o	f, oı	r Bene	efici	ally	Owne	ed			
Date				Date	th/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Code (	Transaction Disp Code (Instr. 5)		urities Acquired (A sed Of (D) (Instr. 3,			4 and S B O		5. Amount of Securities Beneficially Owned Following Reported		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	е	Transaction(s) (Instr. 3 and 4)				(111341. 4)
Common	ommon Stock 01/15					)			A		1,972	2	A	\$0		7,156			D	
		Та	ble II - D								sed of, onvertib					vned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date,	4. Transactio Code (Insti		n of		Expiration	5. Date Exercisable and Expiration Date Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)			vative urity tr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction( (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code V		(A)		Date Exercisal		Expiration Date	Title	of	nber res						

**Explanation of Responses:** 

\s\ Robert W. Sherwood

Attorney in Fact for John L. 01/16/2009

**Gregory III** 

\*\* 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.