SEC Form 5

FORM 5

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

Form 3 Holdings Reported

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL **OWNERSHIP**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

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Form 4 Transactions Reported.		or Section 30(h) of the Investment Company Act of 1940					
1. Name and Address of Reporting <u>TOMS PAUL B JR</u>	Person*	2. Issuer Name and Ticker or Trading Symbol <u>HOOKER FURNITURE CORP</u> [HOFT]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner				
(Last) (First) HOOKER FURNITURE CO 440 E COMMONWEALTH		3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 02/01/2009	X Officer (give title Other (specify below) Chief Executive Officer				
(Street) MARTINSVILLE VA (City) (State)	24112 (Zip)	 4. If Amendment, Date of Original Filed (Month/Day/Year) 	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person				

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 Act Of (D) (Instr. 3, 4		or Disposed	5. Amount of Securities Beneficially Owned at end of	6. Ownership Form: Direct (D) or	7. Nature of Indirect Beneficial Ownership (Instr. 4)
				Amount	(A) or (D)	Price	Issuer's Fiscal Year (Instr. 3 and 4)	Indirect (I) (Instr. 4)	
Common Stock	04/25/2008		G	50	D	\$0	46,523	D	
Common Stock	05/20/2008		G	1,025	D	\$0	45,498	D	
Common Stock	09/15/2008		G	300	D	\$0	45,198	D	
Common Stock							3,672(1)	I	By Son
Common Stock							31,544	I	By Paul Toms TUA
Common Stock							221,424 ⁽²⁾	I	By MHT Trust U/W
Common Stock							20,134 ⁽³⁾	I	By 401K

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)	n of		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)
					(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

Explanation of Responses:

1. Reporting person disclaims beneficial ownership of those shares, and this report shall not be an admission that he is owner of such shares for the purpose of Section 16 or for any other purpose

2. 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.

3. The reporting person no longer has a reportable beneficial ownership in 6,195 shares of Hooker Furniture common stock owned by one of his sons and included in the reporting person's prior ownership reports

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

03/18/2009

** 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.