FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

	OMB APPROVAL						
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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*  COLE ALAN D  2. Date of Event Requiring Statement (Month/Day/Year) 07/16/2007			3. Issuer Name and Ticker or Trading Symbol HOOKER FURNITURE CORP [ HOFT ]							
(Last) (First) (Middle) C/O HOOKER FURNITURE CORP			Relationship of Reporting Person(s) (Check all applicable)     Director		r [	5. If Amendment, Date of Original Filed (Month/Day/Year)				
P O BOX 4708			X Officer (give title Other (specify below)			6. Individual or Joint/Group Filing (Check Applicable Line)				
(Street) MARTINSVILLE VA 24115			Executive Vice Pre	esident			y One Reporting Person y More than One erson			
(City) (State) (Zip)										
Table I - Non-Derivative Securities Beneficially Owned										
1. Title of Security (Instr. 4)			eneficially Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)				
Common Stock			0	D						
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)										
(e.					s)					
(e.  1. Title of Derivative Security (Instr. 4)		warrar able and		securities	4. Convers or Exerc Price of		6. Nature of Indirect Beneficial Ownership (Instr. 5)			

**Explanation of Responses:** 

\s\ Robert W. Sherwood

Attorney in Fact for Alan D. 07/16/2007

Cole

\*\* Signature of Reporting Person Dat

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 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.

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.