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
bligations may continue. See
activistics 1/b)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 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* TOMS PAUL B JR				2. Issuer Name and Ticker or Trading Symbol HOOKER FURNITURE CORP [HOFT]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
10MS	PAUL B	<u>JR</u>					ILLIC	1010	VII OI		<u>OTT</u>	110	,		X	Direc	ctor	10%	Owner
-					_										X		er (give title		(specify
(Last)	(Fii	,	Middle)	3. Date of Earliest Transaction 08/13/2009					action (M	action (Month/Day/Year)						belo	,	below utive Officer	′
HOOKE	R FURNITI	JRE CORP			100/	13/4	2003										Cillet Exec	utive Officer	
440 E CC	OMMONW:	EALTH BLVD																	
					4. If	Am	endmen	t, Date o	of Original	Filed	(Month/Da	ay/Ye	ear)		6. Indi Line)	vidual o	r Joint/Group	Filing (Check	Applicable
(Street)	SVILLE V	Λ	24112												X	Forn	n filed by One	Reporting Per	son
MAKIII	OVILLE V	A	24112											Form filed by More than One Reporting					
(City)	(St	ate) (Zip)													Pers	son		-
(Oity)	(0)				<u> </u>	_													
		Tabl	e I - Nor	n-Deriva	ative	Se	curiti	es Ac	_	Dis	posed o	of, o	r Be	nefic	ially	Owne	ed 		
			2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transa Code (4 and Secur Benef Owne		icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	Amount (A) or (D)		Pri	ce	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)
Common Stock				08/13/2009					G	V	1,122	1,122			\$ <mark>0</mark>	4	4,076	D	
Common	ommon Stock 08/13/2009			9			G	V	374	374 A			\$ <mark>0</mark>	4,046(1)		I	By Son		
Common	Stock			12/14	/2009)			G	V	100	D			\$ <mark>0</mark>	43,976		D	
Common	Stock															3	1,544	I	By Paul Toms TUA
Common	Stock															22	1,424 ⁽²⁾	I	By MHT Trust U/W
Common Stock															20,134		I	By 401K	
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
4 7:41		0 Turner ::				ans						_			_		0 No. 1		144 N :
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Year) 3. M. Deemed Execution Date if any (Month/Day/Year)			Date,	4. Transactio Code (Inst		on of l		Expiratio	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		f S g	Der Sec (Ins	Price of ivative curity str. 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)	(D)	Date Exercisal		Expiration Date	Titl	OI Ni Of	umber					

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.

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

12/16/2009

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.