| SEC Form 4 | |
|------------|--|
|------------|--|

П

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 |
| obligations may continue. See |
| Instruction 1(b). |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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 | | | | | |
|---|-----------|--|--|--|--|
| OMB Number: | 3235-0287 | | | | |
| Estimated average b | urden | | | | |

| | Estimated average burden | |
|---|--------------------------|-----|
| | hours per response: | 0.5 |
| L | | |

ľ

| | ddress of Reporting | Person* | 2. Issuer Name and Ticker or Trading Symbol HOOKER FURNITURE CORP [HOFT] | | ationship of Reporting P k all applicable) | erson(s) to Issuer |
|--------------------------------|---------------------------------------|--------------------|--|-----------------------|--|--|
| TOMS PA | <u>UL B JR</u> | | | X | Director | 10% Owner |
| | (First) URNITURE CO MONWEALTH I | | 3. Date of Earliest Transaction (Month/Day/Year) 05/07/2015 | - x | Officer (give title below) Chief Executiv | Other (specify below) ve Officer |
| (Street) MARTINSV (City) | TLLE VA (State) | 24112 (Zip) | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indi Line) X | vidual or Joint/Group Fil Form filed by One Re Form filed by More th Person | eporting Person |
| (| () | V 177 | | | | |
| | | Table I - Non-Deri | vative Securities Acquired, Disposed of, or Benef | icially | Owned | |

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | Date Execution Date, 1 | | ction Instr. | 4. Securities Disposed Of 5) | | | 5. Amount of Securities Beneficially Owned Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership |
|---------------------------------|--|------------------------|------|-----------------|------------------------------------|---------------|-------------------|---|---|---|
| | | | Code | v | Amount | (A) or (D) | Price | Reported Transaction(s) (Instr. 3 and 4) | | (Instr. 4) |
| Common Stock | 05/07/2015 | | G | v | 100 | D | \$ <mark>0</mark> | 72,283 | D | |
| Common Stock | | | | | | | | 31,544 | Ι | By Paul Toms TUA |
| Common Stock | | | | | | | | 20,138 | I | By 401K |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| (c.g., pu | | | | | uts, c | ans, | vvaii | ants, | options, t | convertio | 10 300 | Junitesj | | | | |
|-----------|---|---|--|---|------------------------------|------|--|---------------------------------|--|--------------------|--|---|---|--|--|--|
| | 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. Transa Code (8) | | 5. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instr and 5 | ative rities ired osed | 6. Date Exerc Expiration Da (Month/Day/Y | ate | 7. Title Amour Securi Under Deriva Securi and 4) | nt of ties ying tive ty (Instr. 3 | 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 | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

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

05/11/2015

Toms, Jr.

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 \ast 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.