Edgar Filing: TOMS PAUL B JR - Form 4

TOMS PAUL	L B JR												
Form 4 March 06, 20)18												
FORM	1										PPROVAL		
	UNITE	D ST.				ND EXC D.C. 205		NGE (COMMISSION	OMB Number:	3235-0287		
Check this box if no longer										Expires:	January 31, 2005		
subject to Section 1 Form 4 or Form 5		SEC	URI	TIES		NERSHIP OF	Estimated burden hou response	average Jrs per					
obligation may conti <i>See</i> Instru 1(b).	inue. Section 1	7(a) c	nt to Section 16 of the Public Ut 30(h) of the Inv	ility H	loldi	ing Com	pany	Act o	f 1935 or Sectio	n			
(Print or Type R	Responses)												
1. Name and Address of Reporting Person <u>*</u> TOMS PAUL B JR			Symbol	2. Issuer Name and Ticker or Trading Symbol HOOKER FURNITURE CORP [HOFT]						5. Relationship of Reporting Person(s) to Issuer			
		(Check all applicable)											
(1				3. Date of Earliest Transaction (Month/Day/Year)					X Director 10% Owner X Officer (give title Other (specify below) below)				
	ER FURNITU FION, POB 47		02/26/20)18					Chief	Executive Office	cer		
				endment, Date Original hth/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
MARTINSV	/ILLE, VA 24	115							Form filed by M Person	Aore than One R	eporting		
(City)	(State)	(Zip) Table	e I - No	n-De	erivative S	Securi	ties Ac	quired, Disposed of	f, or Beneficia	lly Owned		
1.Title of Security (Instr. 3)		Transaction Date 2A. Deemed Month/Day/Year) Execution Date, if any (Month/Day/Year)		3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) (A) or					5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
C				Code	V	Amount	(D)	Price	(Instr. 3 and 4)				
Common Stock	02/26/2018			G	V	375	D	\$0	73,078	D			
Common Stock	03/05/2018			G	V	500	D	\$0	72,578	D			
Common Stock									31,544	I	By Paul Toms TUA		
Common Stock									21,060	I	By 401K		

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

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 control number.

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

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Titl	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	Number	Expiration Da	ate	Amou	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ities	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Owne
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
									or		
						Date	Expiration	Title	Number		
						Exercisable	Date	inte	of		
				Code V	(A) (D)				Shares		
				coue v	(II) (D)				Siluies		

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
TOMS PAUL B JR C/O HOOKER FURNITURE CORPORATION POB 4708 MARTINSVILLE, VA 24115	Х		Chief Executive Officer					
Signatures								
\s\ Robert W. Sherwood Attorney in Fact for Pau Toms, Jr.	l B.	0.	3/06/2018					
**Signature of Reporting Person			Date					
Explanation of Responses:								

* 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. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.