## Edgar Filing: CROWN CRAFTS INC - Form 4/A

CROWN CR. Form 4/A	AFTS INC										
November 25	, 2015										
FORM Check this	<b>4</b> UNITED	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549									
if no longe subject to Section 16 Form 4 or Form 5 obligation may contin <i>See</i> Instruct 1(b).	5. Filed pu snue. Section 17	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940							Expires: 2005 Estimated average burden hours per response 0.5		
(Print or Type R	esponses)										
Stensrud Patricia Symbol			Symbol	er Name <b>and</b> Ticker or Trading				<ol> <li>Relationship of Reporting Person(s) to Issuer</li> <li>(Check all applicable)</li> </ol>			
P.O. BOX 1028 (Month/D (Street) 4. If Amer Filed(Mon 08/14/20			08/12/2015					X Director Officer (give below)	10%	6 Owner er (specify	
			Amendment, Date Original (Month/Day/Year) 4/2015				<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>				
GONZALES	S, LA 70707							Person	viore man one R	eporting	
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Yea	r) Execution any	med on Date, if Day/Year)	Code (Instr. 8)	4. Securi onAcquirec Disposec (Instr. 3,	l (A) o l of (D 4 and (A) or	)) 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock (1)	08/12/2015			A	Amount 7,000	(D) A (2)	Price \$ 0	33,000	D		

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 Exer	cisable and	7. Tit	le and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if		onNumber	1			unt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)		rlying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivativ			Secur		(Instr. 5)	Bene
	Derivative				Securitie			(Instr	. 3 and 4)		Owne
	Security				Acquired	1					Follo
					(A) or						Repo
					Disposed	1					Trans
					of (D)						(Instr
					(Instr. 3, 4 and 5)						
					4, and 5)						
				Code V	(A) (D)	) Date	Expiration	Title	Amount		
						Exercisable	Date		or		
									Number		
									of		
									Shares		

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## **Reporting Owners**

Reporting Owner Name / Address	Relationships							
	Director 10% Owner		Officer	Other				
Stensrud Patricia								
P.O. BOX 1028	Х							
GONZALES, LA 70707								
Signatures								
/s/ Olivia Elliott on behalf of P Stensrud		11/25/2015						

<u>\*\*</u>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).

(1) Restricted stock grant pursuant to Issuer's 2014 Omnibus Equity Compensation Plan, vesting (A) 3,500 shares on the earlier of (i) August 12, 2016 and (ii) the date immediately preceding the date of the 2016 Annual Meeting of Stockholders; and (B) 3,500 shares on the earlier of (i) August 12, 2017 and (ii) the date immediately preceding the date of the 2017 Annual Meeting of Stockholders.

(2) This form is being amended to correct a data entry error where the securities were incorrectly reported as disposed.

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.