#### CROWN CRAFTS INC

Form 4

August 13, 2014

### FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

OMB 3

Number: 3235-0287 January 31,

**OMB APPROVAL** 

Expires: 2005
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burden hours per response... 0.5

5. Relationship of Reporting Person(s) to

Check this box if no longer subject to Section 16. Form 4 or

Form 4 or Form 5 obligations may continue. See Instruction

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

(Print or Type Responses)

1. Name and Address of Reporting Person \*

1(b).

Stensrud Patricia

Symbol

CROWN CRAFTS INC [CRWS]

(Last) (First) (Middle) 3. Date of Earliest Transaction

Issuer

(Check all applicable)

P.O. BOX 1028 (Month/Day/Year) \_\_X\_ Director \_\_\_\_ 10% Owner \_\_\_\_ Officer (give title \_\_\_\_ Other (specify below)

2. Issuer Name and Ticker or Trading

(Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check

Filed(Month/Day/Year)

Applicable Line)

GONZALES, LA 70707

\_\_\_\_ Form filed by One Reporting Person
\_\_\_\_ Form filed by More than One Reporting
Person

(City) (State) (Zip) **Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**1.Title of 2. Transaction Date 2A. Deemed 3. 4. Securities 5. Amount of 6. Ownership 7. Nature of

Security (Month/Day/Year) Execution Date, if TransactionAcquired (A) or Securities Form: Direct Indirect (Instr. 3) Code Disposed of (D) Beneficially (D) or Beneficial Indirect (I) (Month/Day/Year) (Instr. 8) (Instr. 3, 4 and 5) Owned Ownership Following (Instr. 4) (Instr. 4) Reported

(A) Transaction(s)
or (Instr. 3 and 4)

Common Stock (1) 08/11/2014 A 7,000 A \$ 0 26,000 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)

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

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Title a	nd 8.	. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	TransactionNumber		Expiration D	Expiration Date		of D	erivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day	/Year)	Underlyii	ng S	ecurity	Secur
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivati	Derivative		Securities	s (I	(nstr. 5)	Bene
	Derivative		•		Securities		(Instr. 3 a	and 4)		Own	
	Security				Acquire	d					Follo
	•				(A) or						Repo
					Dispose	d					Trans
					of (D)						(Instr
					(Instr. 3,	•					·
					4, and 5	)					
				C 1 1	(A) (D)	, D.	F	m: 1 A	,		
				Code V	(A) (D	·	Expiration				
						Exercisable	Date	or			
									ımber		
								of			
								Sh	ares		

# **Reporting Owners**

Reporting Owner Name / Address	Relationships						
reporting owner runner runners	Director	10% Owner	Officer	Other			
Stensrud Patricia							
P.O. BOX 1028	X						
GONZALES, LA 70707							

# **Signatures**

/s/ Olivia W. Elliott on behalf of Patricia 08/13/2014 Stensrud

\*\*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).

Restricted stock grant pursuant to Issuer's 2006 Omnibus Incentive Plan, vesting: (A) 3,500 shares on the earlier of: (i) August 11, 2015 and (ii) the date immediately preceding the date of the 2015 Annual Meeting of Stockholders; and (B) 3,500 shares on the earlier of: (i) August 11, 2016 and (ii) the date immediately preceding the date of the 2016 Annual Meeting of Stockholders.

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.

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