FORM 4

Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See*

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

MMISSION OMB

| OMB APPROVAL | | | | | |
|--------------------|-----------|--|--|--|--|
| OMB Number: | 3235-0287 | | | | |
| Estimated average | burden | | | | |
| hours per response | 0.5 | | | | |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the

Investment Company Act of 1940

| (Print or Ty | pe Response | s) | | | | | | | | | | | | | |
|--|---------------|--|---|--|------|-----------|-------------------|-------------------------------------|--|---|--|--------------------------------------|--|---|--|
| 1. Name and Address of Reporting Person * Christensen Susan I. | | | 2. Issuer Name and Ticker or Trading Symbol CROWN CRAFTS INC [CRWS] | | | | | | 5. R | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | |
| 711 WES | | (First) JT STREET | | 3. Date of Earliest Transaction (N 06/14/2013 | | | ion (Month/I | Day/Year) | | | | | ts Div | | |
| (Street) COMPTON, CA 90220 | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | _X_1 | 6. Individual or Joint/Group Filing(Check Applicable Line) _X. Form filed by One Reporting Person _Form filed by More than One Reporting Person | | | | | |
| (City | () | (State) | (Zip) | Table I - Non-Derivative Securities Acqu | | | | | s Acquired, | nired, Disposed of, or Beneficially Owned | | | | | |
| 1.Title of S (Instr. 3) | ecurity | | 2. Transaction Date (Month/Day/Year) | 2A. Deer Execution any (Month/I | n Da | ate, if C | | (A (Ir | Securities Acq) or Disposed c astr. 3, 4 and 5) (A) or (D) | of (D) Own Tran | | | ed C F C o (l | wnership orm: Be firect (D) r Indirect (In | Nature Findirect eneficial wnership nstr. 4) |
| Reminder: | Report on a s | separate line for eac | Table II - 1 | Derivativ | e Se | curities | Acqu | Persons contain form dis | s who responed in this for splays a curr | m are not ently valid eficially Ow | required I OMB co | l to respor | nd unless th | | 74 (9-02) |
| 1. Title of Derivative Security (Instr. 3) | Conversion | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, i | 4. 5. Transaction of Code De r) (Instr. 8) Se Ac (A Di (Instr. 8) Code (Instr. | | 5. Num | tive ies ed | Expiration Date (Month/Day/Year) | | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | | Derivative Security (Instr. 5) | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | Form of Derivative Security: Direct (D) or Indirect | 11. Nature of Indirec Beneficial Ownershi (Instr. 4) |
| | | | | Code | V | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |
| | | | | | | | | | | | | | | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|---|----------------------------|--|------------------------------|-------|--|--|--|
| reporting 6 where runner runners | Director 10% Owner Officer | | Officer | Other | | | |
| Christensen Susan I. 711 WEST WALNUT STREET COMPTON, CA 90220 | | | VP Sales/Infant Products Div | | | | |

Signatures

| /s/ Olivia Elliott on behalf of Susan I. Christensen | 06/17/2013 |
|--|------------|
| **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) The option was granted pursuant to Issuer's 2006 Omnibus Incentive Plan and is exercisable as follows: (a) 5,000 shares on June 14, 2014; and (b) 5,000 shares on June 14, 2015.
- (2) Derivative securities represent the grant of a stock option for services rendered as an officer of the Issuer.

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.