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

| OMB APPR | OVAL | | | | | |
|--------------------------|--------|-----|--|--|--|--|
| OMB Number: | 3235-0 | 287 | | | | |
| Estimated average burden | | | | | | |
| hours per response | э | 0.5 | | | | |

longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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

| 1. Name and Address of Reporting Person * Stensrud Patricia | | | 2. Issuer Name and Ticker or Trading Symbol CROWN CRAFTS INC [CRWS] | | | | | | 5 | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | |
|-------------------------------------------------------------|-------------|--------------------------------------------|---------------------------------------------------------------------|--------------------|------|-----------------------------------------|------------------------|----------------------------------------------------------------|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|----------------------------------------|---------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|--------------------|
| (Last) (First) (Middle) P.O. BOX 1028 | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/12/2018 | | | | | | | r (give title belo | | Other (specify b | pelow) | | |
| (Street) GONZALES, LA 70707 | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | | 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) | | Ta | ble I - Nor | ı-Dei | rivative S | ecurities | Acquir | ed, Disp | osed of, or | Beneficially | Owned | |
| 1.Title of Security (Instr. 3) | | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | Code (Instr. 8) | | (A) or Disposed of ((Instr. 3, 4 and 5) | | of (D) | Beneficia Reported | ant of Securities ally Owned Following d Transaction(s) | | 6. Ownership Form: Direct (D) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | (Month/Day/Tear) | | Code | V | (A) or Amount (D) Price | | Price | or Inc | | or Indirect | | |
| Common | Stock | | 02/12/2018 | | | S | | 4,000 | D \(\frac{\\$}{6} | 5 5.4695 | 39,250 | | | D | |
| Reminder: indirectly. | Report on a | separate line | | urities benefici | urit | ies Acquir | Per con the | sons whatained i form dis | n this fo splays a of, or Bei | orm are currer | not req | uired to re | nformation espond unl ntrol numb | ess | EC 1474 (9- 02) |
| Security | Conversion | 3. Transaction Date (Month/Day/ | on 3A. Deemed Execution D any | | | 5. Number of | er 6. l and e (M | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Tit Amo Unde Secu | tle and unt of erlying rities r. 3 and | | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | Owners Form of Derivati Security Direct (or Indire | (Instr. 4) |
| | | | | Code | V | (A) (D) | | te ercisable | Expiration Date | Title | Amount or Number of Shares | | | | |
| Repor | ting O | wners | | | | | | | | | | | | | |

| Describes Occasional Address | Relationships | | | | | | |
|----------------------------------------------------------|---------------|-----------|---------|-------|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | |
| Stensrud Patricia P.O. BOX 1028 GONZALES, LA 70707 | X | | | | | | |

Signatures

| /s/ Olivia Elliott on behalf of Patricia Stensrud | 02/14/2018 |
|---------------------------------------------------|------------|
| 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.