FORM 4

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

| OMB APPROVAL | | | | | |
|--------------------------|---------|-----|--|--|--|
| DMB Number: | 3235-02 | 287 | | | |
| Estimated average burden | | | | | |
| ours per response |) | 0.5 | | | |

Check this box if no 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

| (Print or Type Responses) | | | | | | | | | | | | | |
|---|---|-----------|---|--|----------------------|----------------------------------|---|--|----------------------------|--------------------------|---|--|------------------------------|
| 1. Name and Address of Reporting Pe FREEMAN NANCI | Name and Address of Reporting Person * 2 | | | 2. Issuer Name and Ticker or Trading Symbol CROWN CRAFTS INC [CRWS] | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | |
| (Last) (First) (Middle) 711 WEST WALNUT STREET | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/05/2018 | | | | X Officer (give title below) Other (specify below) Pres & CEO/Infant Products Div | | | | | | |
| (Street) COMPTON, CA 90220 | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X. Form filed by One Reporting PersonForm filed by More than One Reporting Person | | | | | | |
| (City) (State) | (Zip |) | Tab | le I - Non- | Deri | vative Se | ecurities | Acqu | iired, Disp | osed of, or | Beneficially | Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date Execution Date, if (Month/Day/Year) 2A. Deemed Execution Date, if (Month/Day/Year) 3. Transaction (A) or Disposed of (Instr. 8) (D) (Instr. 3, 4 and 5) | | of | Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) Owner Form: Direct | | Ownership Form: Direct (D) | 7. Nature of Indirect Beneficial Ownership | | | | | | |
| | | | | Code | V | Amount | (A) or (D) | Price | | | or Indirect (I) (Instr. 4) | (Instr. 4) | |
| Common Stock | 03/05/20 | 18 | | S | | 497 | D | \$ 6.5 | 185,203 | | | D | |
| Common Stock | 03/07/20 | 18 | | S | | 900 | D | \$ 6.35 | 184,303 | | | D | |
| Common Stock | | | | | | | | | 23,547 | | | I | By spouse |
| | Tal | | ative Securitie | es Acquire | the f d, Di | orm dis | plays a | curr nefici: | ently valid | uired to re d OMB cor | • | | 02) |
| 1. Title of Derivative Conversion Date or Exercise (Instr. 3) Price of Derivative Security Security | n 3A. I Exec Year) any | (e.g., p | tuts, calls, war 4. Transaction Code (Instr. 8) | rrants, opt 5. Number of Derivative Securities Acquired (A) or Disposed of (D) | ions, 6. D and | ate Exerc Expiration | ible secu cisable on Date | 7. An Un See | | 8. Price of | 9. Number Derivative Securities Beneficiall Owned Following Reported Transaction | Owners Form of Derivate Security Direct (or Indirect) (I) | Ownershi (Instr. 4) D) |
| | | | | (Instr. 3, 4, and 5) (A) (D) | Date Exer | e l | Expiration Date | on Tit | Amount or Number of Shares | | (Instr. 4) | (Instr. 4 | |
| Reporting Owners | | | | | | | | | | | | | |
| Reporting Owner Name / Address Director 10% O | | | Relation | ships | | | | | | | | | |
| | | 10% Owner | Officer | | | | Oth | er | | | | | |
| FREEMAN NANCI 711 WEST WALNUT STREET COMPTON, CA 90220 | | | Pres & CE | O/Infant | Proc | ducts Di | iv | | | | | | |

Signatures

| /s/ Olivia W. Elliott on behalf of Nanci Freeman | 03/07/2018 |
|--|------------|
| **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.