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

OMB APPROVAL					
OMB Number:	3235-0287				
Estimated average burden					
nours per response	e 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

(Print or Ty	pe Response	s)														
Name and Address of Reporting Person * Stensrud Patricia				2. Issuer Name and Ticker or Trading Symbol CROWN CRAFTS INC [CRWS]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
P.O. BOX		(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 09/13/2018 Officer (give title below)						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)	Table I - Non-Derivative Securi						Securitie	s Acqui	red, Disp	osed of, or	Beneficially	Owned	
1.Title of S (Instr. 3)	ecurity		2. Transaction Date (Month/Day/Year)	2A. Deem Execution any (Month/Da	Date, if	Cod (Inst		etion	(A) or I	rities Ac Disposed 3, 4 and 5	of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		Following	6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
						Co	ode	V	Amoun	t (D)	Price \$				(Instr. 4)	
Common	Stock		09/13/2018			,	S		2,500	D	ь 6.01	43,750			D	
Common	Stock		09/13/2018			;	S		1,000	D	\$ 6.025	42,750			D	
Reminder: indirectly.	Report on a	separate line f	for each class of secu	nrities bene	ficially	ownec		Pers	ons whained i	n this f	orm ar	e not req	uired to re	formation espond unl ntrol numb	less	EC 1474 (9- 02)
			Table II - I	Derivative :			•		•			•	l			
Security	Conversion	3. Transaction Date (Month/Day/Year	Execution Da any	4. Transaction Code Year) (Instr. 8)		of		and Expiration Date A (Month/Day/Year) U So (E		7. T Ame Und Secu	Title and mount of nderlying ecurities nstr. 3 and	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4)	Owners: Form of Derivati Security Direct (I or Indire	Ownership (Instr. 4)	
				Coe	de V	(A)	(D)	Date Exe	e rcisable	Expirati Date	on Title	Amount or Number of Shares				
Repor	ting O	wners														

Barrella Orana Nama / Addama	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	09/13/2018
**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.