FORM 4

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

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

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

| 1. Name and Address of Reporting Person * NIE ZENON S (Last) (First) (Middle) C/O THE CEO ADVISORY BOARD, 8490 SENTINAE CHASE DRIVE | | | Issuer Name and Ticker or Trading Symbol CROWN CRAFTS INC [CRWS] Date of Earliest Transaction (Month/Day/Year) 08/13/2008 | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director 10% Owner Officer (give title below) Other (specify below) | | | | | |
|--|---|------------------------------------|---|--|---|--------------------|---|---------------|--|--|--|--|--|--------------------------------|-------------------------|
| | | | | | | | | | | | | | | | |
| ROSWELL, GA 30076 | | | 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) | Table I - Non-Derivative Securities Acquired, Disposed 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) | 4. Securities A (A) or Dispose (D) (Instr. 3, 4 and | | Disposed o | Beneficia Reported | | ed Transaction(s) | | Ownership o Form: E Direct (D) | Beneficial Ownership |
| | | | | | | Code | V | Amou | (A) or (D) | Price | | | | or Indirect (I) (Instr. 4) | Instr. 4) |
| Common | Stock | | 08/13/2008 | | | P(1) | | 339 | Δ | \$ 3.9 | 45,244 | | | D | |
| indirectly. | | | | erivative Secu | | s Acquire | cont the f | ained i | in this for splays a o | m are curre | e not required in the second i | uired to re | nformation espond unl ntrol numb | ess | C 1474 (9- 02) |
| Security | 2. Conversion or Exercise Price of Derivative Security | Date Execu (Month/Day/Year) any | 3A. Deemed Execution Da any | tte, if Transaction Code Year) (Instr. 8) | | | 6. Date Exercisable and Expiration Date | | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | | | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4) | Ownersh Form of Derivativ Security: Direct (D or Indirect | | |
| | | | | Code | V | (A) (D) | Date Exe | e rcisable | Expiration Date | Title | Amount or Number of Shares | | | | |
| Repor | ting O | wners | | | | | | | | | | | | | |

| Post of the Comment Name / Address | Relationships | | | | | |
|---|---------------|-----------|---------|-------|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | |
| NIE ZENON S C/O THE CEO ADVISORY BOARD 8490 SENTINAE CHASE DRIVE ROSWELL, GA 30076 | X | | | | | |

Signatures

| Olivia Elliott on behalf of Zenon S. Nie | 08/14/2008 |
|--|------------|
| -**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 purchases reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the Reporting Person on June 13, 2008.

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 nu | mber. |
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