FORM 4

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

OMB APPROVAL				
OMB Number:	3235-028	7		
Estimated average burden				
nours per response	e 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

1. Name an														
1. Name and Address of Reporting Person * NIE ZENON S			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					
(Last) (First) (Middle) C/O THE CEO ADVISORY BOARD, 8490 SENTINAE CHASE DRIVE			3. Date of Earliest Transaction (Month/Day/Year) 08/12/2015						(give title belo		Other (specify b	pelow)		
(Street) 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 Person Form filed by More than One Reporting Person						
(City) (State) (Zip)			Table I - Non-Derivative Securities Acqu					ired, Disposed of, or Beneficially Owned						
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)	Execution Date, if Code		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			of	ed 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)			Form: Direct (D)	7. Nature of Indirect Beneficial Ownership
					Code	V	Amount	(A) or (D)	Price	Price			or Indirect (I) (Instr. 4)	(Instr. 4)
Common	Stock (1)		08/12/2015		A		7,000	A	\$ 0	17,500			D	
Common	Stock (2)		08/14/2015		G	V	7,000	D	\$ 0	10,500			D	
Common	Stock (2)		08/14/2015		G	V	7,000	A	\$ 0	100,863			I	By spouse
							•	•						
Reminder: I	Report on a	separate line f	or each class of secu	rities beneficially o		,								
	Report on a	separate line f	or each class of secu	rities beneficially o		Perse conta	ons who	this fo	rm ar	e not req	uired to re	formation spond unl atrol numb	ess	EC 1474 (9- 02)
	Report on a	separate line f	Table II - D	rities beneficially of the control o	es Acquire	Persecontains the fo	ons who ained in orm dis sposed o	this fo plays a f, or Bei	rm ar curre neficia	e not requently valid	uired to re I OMB cor	spond unl	ess	,
1. Title of	2. Conversion	3. Transaction	Table II - D (e n 3A. Deemed Execution Da Year)	Derivative Securities.g., puts, calls, was 4. te, if Transaction Code Year) (Instr. 8)	es Acquire rrants, op 5. Number	Persecontathe for d, Distions,	ons who ained in orm dis sposed o converti ate Exerc Expiratio	this fo plays a f, or Ber ible secu	rm ar curre neficia rities) 7. T Am Und Sec	e not requently valid	uired to re I OMB cor	spond unlatrol numb	of 10. Owners Form of Derivati Security Direct (or Indire	11. Natur of Indirect Beneficia Ownersh (Instr. 4)

Reporting Owners

D (1 0 N (4))	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

/s/ Olivia Elliott on behalf of Zenon S. Nie	08/14/2015
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).

 Restricted stock grant pursuant to Issuer's 2014 Omnibus Equity Compensation Plan, vesting (A) 3,500 shares on the earlier of (i) August 12, 2016 and (ii) the date

- (1) immediately preceding the date of the 2016 Annual Meeting of Stockholders; and (B) 3,500 shares on the earlier of (i) August 12, 2017 and (ii) the date immediately preceding the date of the 2017 Annual Meeting of Stockholders.
- (2) This transaction involved a gift of securities by the reporting person to his spouse, who shares reporting person's household.

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.