FORM 4	4
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Check this box if no
longer subject to
Section 16. Form 4 or
Form 5 obligations
may continue. See
Instruction 1(b).

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

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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 Per 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 1028 (First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 08/12/2015						Officer (give title below)	Other (specify l	pelow)
(Street) GONZALES, LA 70707	4. If Amendment, Date Original Filed(Month/Day/Year) 08/14/2015						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 Acquired, Disposed of, or Beneficially Owned								
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	•	Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		of (D)	Reported Transaction(s)	Ownership of Indire Form: Benefic	Beneficial
		(Month/Day/Year)	Code	v	Amount	(A) or (D)	Price	(Instr. 3 and 4)	Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
Common Stock (1)	08/12/2015		А		7,000	A (2)	\$ 0	33,000	D	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information SEC 1474 (9-02) contained in this form are not required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (a.g., puts, calls, warrants, antions, convertible committies)

(e.g., puts, calls, warrants, options, convertible securities)															
1. Title of			3A. Deemed	4.		5.		6. Date Exer					9. Number of		11. Nature
Derivative	Conversion	Date	Execution Date, if	Transacti	on	Numl	Number and Expiration Date A		Amount of Derivativ		Derivative	Derivative	Ownership	of Indirect	
Security	or Exercise	(Month/Day/Year)	any	Code		of	(Month/Day/Year) U		Unde	rlying	Security	Securities	Form of	Beneficial	
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)		Deriv	erivative		Securities (Instr. 5)		Beneficially	Derivative	Ownership		
	Derivative					Secur	ecurities ((Instr. 3 and			Owned	Security:	(Instr. 4)	
	Security					Acqu	ired			4)			Following	Direct (D)	
						(A) o	r						Reported	or Indirect	
						Dispo	osed						Transaction(s)	(I)	
						of (D)						(Instr. 4)	(Instr. 4)	
						(Instr	istr. 3,								
						4, and	15)								
											Amount				
								Data	Empiration		or				
								Date Expiration Exercisable Date		Title	Number				
								Exercisable	Date		of				
				Code	V	(A)	(D)				Shares				

Reporting Owners

	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Stensrud Patricia P.O. BOX 1028 GONZALES, LA 70707	Х							

Signatures

/s/ Olivia Elliott on behalf of Patricia Stensrud	11/25/2015
***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 form is being amended to correct a data entry error where the securities were incorrectly reported as disposed.

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.