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

OMB APPRO	OVAL
OMB Number:	3235-0287
Estimated average	burden
hours per response	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

	pe Response															
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 Officer (give title below) Other (specify below)					
(Last) (First) (Middle) C/O THE CEO ADVISORY BOARD, 8490 SENTINAE CHASE DRIVE				3. Date of Earliest Transaction (Month/Day/Year) 08/09/2017												
(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 Acqui							ired, Disposed of, or Beneficially Owned				
(Instr. 3) Date		2. Transaction Date (Month/Day/Year)	Execu any	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transac Code Instr. 8)	4. Securities Acqui (A) or Disposed of (D) (Instr. 3, 4 and 5)		of	Beneficia	ly Owned Following Transaction(s)		Form: Direct (D)	7. Nature of Indirect Beneficial Ownership		
						Code	V	Amour	(A) or (D)	Price				or Indirect (I) (Instr. 4)	(Instr. 4)	
Common	Stock (1)		08/09/2017				A		7,000	A	\$ 0	17,500			D	
Common	Stock (2)		08/10/2017				G		7,000	D	\$ 0	10,500			D	
Common	Stock (2)		08/10/2017				G		7,000	A	\$ 0	114,863			I	By spouse
Reminder: indirectly.	Report on a	separate line fo	or each class of secu	rities t	peneficially	owi	1	Pers	ons wh					formation		EC 1474 (9-
			Table II - D				Acquire	the fo	orm dis	splays a of, or Ben	curre eficia	ently valid	d OMB cor	espond un ntrol numb		02)
1. Title of	2.	3. Transaction	,	<u> </u>	its, calls, w 4.		ants, opt Number					itle and	8. Price of	9. Number	of 10.	11. Nature
Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	(Month/Day/	y/Year) any			De Se Ac (A Di of (Ir		e (Month/Day/Year)			Uno Sec	ount of derlying urities str. 3 and	Derivative Security (Instr. 5)	Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Form o Derivat Securit Direct ( or Indir	ve Ownership (Instr. 4)
					Code V	· (A	A) (D)	Date Exer	cisable	Expiration Date	n Titl	Amount or Number of Shares				
Renor	rting ()	wners														

D (1 0 N (41)	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	08/11/2017
**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 9, 2018 and (ii) the date

- (1) immediately preceding the date of the 2018 Annual Meeting of Stockholders; and (B) 3,500 shares on the earlier of (i) August 9, 2019 and (ii) the date immediately preceding the date of the 2019 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.