FORM 4

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				

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

(Print or Type Responses) 1. Name and Address of Reporting Person *			2. Issuer France and Frence of Frauming Symbol						5. Relationship of Reporting Person(s) to Issuer						
NIE ZENON S (Last) (First) (Middle) (CO THE CEO A DVISORY ROAD 2400				CROWN CRAFTS INC [CRWS] 3. Date of Earliest Transaction (Month/Day/Year)					(Check all applicable) _X_Director10% Owner Officer (give title below) Other (specify below)				below)		
C/O THE CEO ADVISORY BOARD, 8490 SENTINAE CHASE DRIVE			08/08/2018												
(Street)			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							
ROSWEI (City	LL, GA 30	O76 (State)	(Zip)												
		(State)	T										Beneficially		
(Instr. 3) Date		*****	2A. Deemed Execution Date, if any (Month/Day/Year)		f Code (Instr. 8)		(A) or Disposed of (D) (Instr. 3, 4 and 5)		of	d 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		Ownership Form: Direct (D)	Beneficial Ownership		
					Code	V	Amoun	(A) or (D)	Price				or Indirect (I) (Instr. 4)	(Instr. 4)	
Common	Stock (1)		08/08/2018			A		7,000	A	\$ 0	17,500			D	
Common	Stock (2)		08/10/2018			G		7,000	D	\$ 0	10,500			D	
Common	Stock (2)		08/10/2018			G		7,000	A	\$ 0	0 121,863		I	By spouse	
Reminder: indirectly.	Report on a	separate line f	for each class of secu	rities beneficiall	y owne	ed direc	tly oı	r							
muncetry.							conta	ained ii	n this fo	rm aı	e not req	uired to re	nformation espond un ntrol numb	less	EC 1474 (9- 02)
			(6	erivative Secur								l			
1. Title of Derivative Security	Conversion	3. Transaction Date (Month/Day/	Execution Da	4. te, if Transactio	n of	umber	r 6. Date Exercisable and Expiration Date An (Month/Day/Year) Un Sec		Title and nount of derlying Security Security				11. Natu hip of Indire Benefici		
	Price of Derivative Security	(Монил Бау/		Year) (Instr. 8)	Secondary Acquired (A) Display of (I	urities uired or oosed			Sec (Ins	curities str. 3 and	(Instr. 5)	Beneficially Owned Following Reported Transaction((Instr. 4)	Derivative Security: Direct (D) or Indirect	Ownersh (Instr. 4) D) ect	
				Code \	/ (A)	(D)	Date Exer	cisable	Expiratio Date	n Titl	Amount or Number of Shares				

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	08/10/2018
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).

 Restricted stock grant pursuant to Issuer's 2014 Omnibus Equity Compensation Plan, vesting (A) 3,500 shares on the earlier of (i) August 8, 2019 and (ii) the date

- (1) immediately preceding the date of the 2019 Annual Meeting of Stockholders; and (B) 3,500 shares on the earlier of (i) August 8, 2020 and (ii) the date immediately preceding the date of the 2020 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.