## FORM 4

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

OMB APPROVAL
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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).

#### 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 Ty	pe Response	s)													
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) 08/14/2019					Office	er (give title belo	ow)	Other (specify	below)		
(Street)				4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line)  Form filed by One Reporting Person Form filed by More than One Reporting Person						
ROSWELL, GA 30076 (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)		(Instr. 8)		on 4. Securities Acquirec (A) or Disposed of (D (Instr. 3, 4 and 5)		of (D)			6. Ownership of Form:	7. Nature of Indirect Beneficial Ownership			
			(World) Day Tear)		Code	V	Amour	(A) or (D)	Price	(msu. 3 a	iid 4)		or Indirect (I) (Instr. 4)		
Common	Stock (1)		08/14/2019			A		11,62	8 A	\$ 0	22,128			D	
Common	Common Stock (2) 08/14/2019		08/14/2019			G		7,000	D	\$ 0	15,128			D	
Common	Stock (2)		08/14/2019			G		7,000	A	\$ 0	128,863	•		I	By spouse
Reminder:	Report on a s	separate line fo	r each class of secur	ities beneficially	own	ed direc	Pers	ons wh	no respon n this for	rm are	e not requ	ction of inf uired to res OMB conf	spond unle	ess	C 1474 (9-02)
				Derivative Secu e.g., puts, calls,							lly Owned				
1. Title of Derivative Conversion Security or Exercise (Month/Day/Year) 3. Transaction Date Execution Date		4.	4. 5. Number of		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. T Ame Und Seco	itle and ount of lerlying urities tr. 3 and	Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Owner Form of Deriva Securit Direct or India	Beneficia Ownersh y: (Instr. 4)			
				Code V	V (A	A) (D)	Date Exe		Expiration Date	n Title	or Number of Shares				

### **Reporting Owners**

	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	08/15/2019

**Signature of Reporting Person	Date
	J

#### **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) 5,814 shares on the earlier of (i) August 14, 2020 and (ii) the date (1) immediately preceding the date of the 2020 Annual Meeting of Stockholders; and (B) 5,814 shares on the earlier of (i) August 14, 2021 and (ii) the date immediately
- (1) immediately preceding the date of the 2020 Annual Meeting of Stockholders; and (B) 5,814 shares on the earlier of (i) August 14, 2021 and (ii) the date immediately preceding the date of the 2021 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.