FORM 4

(Print or Type Pasnonses)

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

OMB APPROVAL
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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

Name and Address of Reporting Person * 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_ Director10% Owner					
(Last) (First) (Middle) PO BOX 1028			3. Date of Earliest Transaction (Month/Day/Year) 08/16/2022					i	Office	r (give title belo	ow)(Other (specify b	elow)	
(Street) GONZALES, LA 70707-1028			4. If Amendment, Date Original Filed(Month/Day/Year)						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)	Ta	ble I - No	n-Deri	vative S	ecurities A	Acqui	red, Dispe	osed of, or I	Beneficially (Owned	
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any	(Instr. 8)	4. Securities Acqu (A) or Disposed of (Instr. 3, 4 and 5)		f (D)	Beneficial Reported	nt of Securities ally Owned Following Transaction(s)		6. Ownership Form:	Beneficial	
				(Month/Day/Year)	Code	V	Amount	(A) or (D)	Price	(Instr. 3 a	: 3 and 4)		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
Common	Stock (1)		08/16/2022		A		11,724	A	\$ 0	84,498			D	
Reminder: I	Report on a s	separate line for	each class of secur	ities beneficially ov	vned direc	Perso	ons who	respon this forr	n are	not requ		ormation spond unleader	ss	1474 (9-02)
Reminder: I	Report on a s	eparate line for	Table II - l	Derivative Securities, puts, calls, wa	ies Acquir	Perso conta the fo	ons who ained in orm dis	respon this form plays a c	n are currer	not requ ntly valid	ired to res	spond unle	ss	1474 (9-02)
1. Title of Derivative Security		3. Transaction Date (Month/Day/Y	Table II - 1 (3A. Deemed Execution Daear) any	Derivative Securities, puts, calls, was 4. te, if Transaction Code (Instr. 8)	ies Acquir arrants, op	Persoconta the fo	ons who ained in orm dis	o respon this forr plays a c f, or Bene ible secur isable n Date	eficiallities) 7. Ti Amo Undo	not requ ntly valid	OMB conf	spond unle	f 10. Ownersl Form of Derivati Security Direct (l or Indire	11. Nation of Indir Benefic Owners (Instr. 4

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Stensrud Patricia						
PO BOX 1028	X					
GONZALES, LA 70707-1028						

Signatures

/s/ Daniel W. Miller on behalf of Patricia Stensrud	08/18/2022
**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).
- (1) Restricted stock grant pursuant to Issuer's 2021 Incentive Plan, vesting on the earlier of: (i) August 16, 2023 or (ii) the date immediately preceding the date of the 2023 Annual Meeting of Stockholders.

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.