## Edgar Filing: CROWN CRAFTS INC - Form 4

CROWN CR	AFTS INC											
Form 4												
August 15, 20	013											
FORM	1 4										PPROVAL	
	UNITED S	TATES S				ND EXC D.C. 205		NGE (	COMMISSION	OMB Number:	3235-0287	
Check thi if no long										Expires:	January 31,	
subject to	ENT OF	CHANGES IN BENEFICIAL OWN						NERSHIP OF	Estimated a	2005 average		
Section 16. SECURITIES						burden hou						
Form 4 or Form 5			. 10			a	Б	1		response	0.5	
obligation	• · · · · ·								ge Act of 1934,			
may conti	inue. Section 17(a	30(h) of		•		•			f 1935 or Sectio	n		
<i>See</i> Instru 1(b).	iction	50(11) 01		esunen	ιC	Joinpang	ACI	01 19	40			
(Print or Type R	Responses)											
1. Name and Address of Reporting Person <u>*</u> NIE ZENON S			2. Issuer Name <b>and</b> Ticker or Trading Symbol					g	5. Relationship of Reporting Person(s) to Issuer			
		C	CROWN	CRAF	T	S INC [O	CRW	S]	(Chec	k all applicable	<b>)</b>	
(Last)	(First) (M	(First) (Middle) 3. Date of East			arliest Transaction				(Check an applicable)			
			(Month/Day/Year)						_X_Director10% Owner			
	EO ADVISORY 90 SENTINAE C		8/14/20	13					Officer (give below)	below)	er (specify	
	(Street)	4	. If Amen	dment. D	Date	Original			6. Individual or Jo	oint/Group Filin	1g(Check	
			iled(Mont			U			Applicable Line) _X_ Form filed by 0	One Reporting Pe	erson	
ROSWELL,	GA 30076								Form filed by M Person	More than One Re	eporting	
(City)	(State) (A	Zip)	Table	I - Non-	De	rivative S	ecuri	ties Ac	quired, Disposed of	f, or Beneficial	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any				)	Securities Beneficially	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
				Code	V	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)			
Common Stock (1)	08/14/2013			A		7,000	A A	\$ 0	97,363	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 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

 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,	Expiration D (Month/Day/	n Date Day/Year)		le and unt of rlying ities . 3 and 4)	Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
				Code V	4, and 5)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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## **Reporting Owners**

Reporting Owner Name / Address	Relationships								
	Director	10% Owner	Officer	Other					
NIE ZENON S C/O THE CEO ADVISORY BOARD 8490 SENTINAE CHASE DRIVE ROSWELL, GA 30076	Х								
Signatures									
/s/ Olivia W. Elliott on behalf of Zenon S. Nie	08/15/2013								
**Signature of Reporting Person		Date							
Explanation of Poopor	Explanation of Pospansas:								

## **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 2006 Omnibus Incentive Plan and Restricted Stock Agreement Form A, vesting (A) 3,500 shares on the earlier of (i) August 14, 2014 and (ii) the date immediately preceding the date of the 2014 Annual Meeting of Stockholders; (1) and (B) 3,500 shares on the earlier of (i) August 14, 2015 and (ii) the date immediately preceding the date of the 2015 Annual Meeting of

(1) and (B) 3,500 shares on the earlier of (i) August 14, 2015 and (ii) the date immediately preceding the date of the 2015 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.