Edgar Filing: HOOKER FURNITURE CORP - Form 4

HOOKER I Form 4 January 31,	FURNITURE CO 2007	ORP										
FORM	ЛЛ								OMB AP	PROVAL		
	UNITE	O STATES			AND EXCI 1, D.C. 2054		GE CO	MMISSION	OMB Number:	3235-0287		
Check t if no lor	nger								Expires:	January 31, 2005		
subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP C						ERSHIP OF	Estimated a					
	Section 16. SECURITIES Form 4 or							burden hour				
Form 5		ursuant to S	Section	16(a) of t	he Securitie	s Exc	hange /	Act of 1934.	response	0.5		
Form 5 obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section												
<i>See</i> Instruction 30(h) of the Investment Company Act of 1940												
1(b).												
(Print or Type	Responses)											
(
	Address of Reportin	-	2. Issu	er Name an	d Ticker or Ti	ading		. Relationship of I	Reporting Pers	on(s) to		
HOOKER FURNITURE CORP Symbol Issuer												
EMPLOYEE STOCK OWNERSHIP PLAN HOOKER FURNITURE CORP						(Check	heck all applicable)					
ILAN			[HOF]	-								
(Last)	(First)	(Middle)		of Earliest 7	Fransaction		-	Director Officer (give t	X10% itle Othe	Owner r (specify		
1301 W. 22ND STREET, STE 702			(Month/Day/Year) 01/26/2007					below) below)				
					Date Original		6	6. Individual or Joint/Group Filing(Check				
				onth/Day/Ye	-			Applicable Line)				
				·				X_Form filed by O				
OAK BRO	OK, IL 60523							Form filed by Me erson	ore than One Rej	porting		
(City)	(State)	(Zip)	Tal	ble I - Non-	Derivative Se	curitie	es Acqui	red, Disposed of,	or Beneficiall	y Owned		
1.Title of	2. Transaction Dat	e 2A. Deem		3.	4. Securities	Acquii	_	5. Amount of	6.	7. Nature of		
Security (Instr. 3)	(Month/Day/Year)		Date, if	Transactio Code	onor Disposed ((Instr. 3, 4 ar			Securities Beneficially	Ownership Form:	Indirect Beneficial		
(111501. 5)		any (Month/Da	ay/Year)	(Instr. 8)		iu <i>5)</i>		Owned		Ownership		
								Following	or Indirect	(Instr. 4)		
						(A)		Reported Transaction(s)	(I) (Instr. 4)			
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)				
Common Stock	01/26/2007			J <u>(1)</u>	1,165,000		\$ 15.01	1,208,546	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)	4. Transactic Code (Instr. 8)	5. oriNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Expiration D (Month/Day/ e	6. Date Exercisable and Expiration Date (Month/Day/Year)		le and unt of rlying rities (. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
			Code V	(A) (D)	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			
HOOKER FURNITURE CORP EMPLOYEE STOCK OWNERSHIP PLAN								
1301 W. 22ND STREET, STE 702			Х					
OAK BROOK, IL 60523								
Signatures								
/s/ Patrick J. DeCraene, Vice								
President	01/31/2007							
**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) In connection with the Issuer's termination of its Employee Stock Ownership Plan, the issuer redeemed and retired 1,165,000 shares of its common stock held by the Reporting Person on January 26, 2007.

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.