## Edgar Filing: Jacobsen Anne - Form 4

Form 4											
May 08, 2018	Δ	Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES							ОМВ	Number: 3235-0287 Expires: January 31, 2005 Estimated average burden hours per response 0.5	
Check this if no longe subject to Section 16 Form 4 or Form 5 obligation may contin <i>See</i> Instruct 1(b).	er <b>STATE</b> 5. Filed pu s Section 17								Expires: Estimated a burden hou response		
(Print or Type R	esponses)										
1. Name and Address of Reporting Person <u>*</u> Jacobsen Anne			2. Issuer Name <b>and</b> Ticker or Trading Symbol HOOKER FURNITURE CORP				-	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
	(First) ER FURNITUR TION, POB 470		[HOFT] 3. Date of (Month/Da 05/07/20	-	insaction			Director X Officer (give below)	10%	b Owner er (specify	
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)					<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>			
MARTINSV	TILLE, VA 241	15						Form filed by M Person	More than One Ro	eporting	
(City)	(State)	(Zip)	Table	e I - Non-Do	erivative S	ecuri	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Yea	r) Executi any	emed on Date, if /Day/Year)	Code (Instr. 8)	Disposed (Instr. 3,	(A) of of (D 4 and (A) or	)) 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect Beneficial	
Common Stock				Code V	Amount	(D)	Price		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)

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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. Transacti Code (Instr. 8)	Derivative	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price Derival Securit (Instr. 1
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Restricted Stock Unit (RSU)	<u>(1)</u>	05/07/2018		А	533	(2)	(2)	Common Stock	533 <u>(3)</u>	\$ 0

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships					
	Director	10% Owner	Officer	Other		
Jacobsen Anne C/O HOOKER FURNITURE CORPORATION POB 4708 MARTINSVILLE, VA 24115			Senior Vice President			
Signatures						
Robert W. Sherwood Attorney in Fact for Anne Jacobsen		05/08/2018				

<u>\*\*</u>Signature of Reporting Person

## **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) Each RSU represents a contingent right to receive one share of HOFT common stock.
- (2) The RSUs will vest 100% if the reporting person remains continuously employed with the issuer through May 7, 2021 and will be paid as soon as administratively practical thereafter.

Date

(3) At the direction of the issuer's Compensation Committee, the RSUs may be paid in shares of HOFT common stock, cash (based on the fair market value of a share of HOFT common stock on the date payment is made) or both.

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.