FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

Instruction 1(b). Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person KING CHARLES T						BASSETT FURNITURE INDUSTRIES INC [BSET]								Check all applicable) Director Tofficer (give title Other (specify					vner
(Last) 3525 FA P O BOX	(F IRYSTONE X 626	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 08/10/2004									below) Vice 1		usine	below)	p	
(Street)	24055	4. 1	Line)										dual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(S	tate)	(Zip)																
			ole I - Nor			_			.	Disp								1	
1. Title of Security (Instr. 3) 2. Trans Date (Month/						2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)			4 and Securi Benefi		es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Code	V	Amount	(A) or (D)		ce	Transaction(s) (Instr. 3 and 4)				(111501.4)	
COMMON 07				07/19	9/2004				S		350	D \$		20.04	4 3.307 ⁽¹⁾			D	
		-	Table II - I						uired, Di						wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution I if any (Month/Day	Date,	1. Fransaction Code (Instr. 3)		of		6. Date Exercisable an Expiration Date (Month/Day/Year)			7. Title and Am of Securities Underlying Derivative Secu (Instr. 3 and 4)		[B. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ive ies cially ng ed ction(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title	Amo or Num of Shar	ber					
Option ⁽²⁾	\$20.5	02/12/1995			A		3,000		02/12/2002	2 0	2/11/2009	Commor	3,0	00	\$20.5	3,000		D	
Option ⁽²⁾	\$11.91	06/27/2000			A		1,667		06/26/2001	1 0	6/25/2010	Commor	1,6	67	\$11.91	1,667		D	
Option ⁽²⁾	\$11.91	06/27/2000			Α		1,667		06/26/2002	2 0	6/25/2010	Commor	1,6	67	\$11.91	1,667		D	
Option ⁽²⁾	\$11.91	06/27/2000			A		1,666		06/26/2003	3 0	6/25/2010	Common	1,6	66	\$11.91	1,666		D	
Option ⁽²⁾	\$13.03	06/26/2001			A		667		06/26/2002	2 0	6/25/2011	Common	66	57	\$13.03	667		D	
Option ⁽²⁾	\$13.03	06/26/2001			A		667		06/26/2003	3 0	6/25/2011	Commor	66	57	\$13.03	667		D	
Option ⁽²⁾	\$13.03	06/26/2001			A		666		06/26/2004	1 0	6/25/2011	Commor	66	66	\$13.03	666		D	
Option ⁽²⁾	\$14.7	01/15/2002			A		2,667		01/15/2003	3 0	1/14/2012	Commor	2,6	67	\$14.7	2,667		D	
Option ⁽²⁾	\$14.7	01/15/2002			A		2,667		01/15/2004	1 0	1/14/2012	Commor	2,6	67	\$14.7	2,667		D	
Option ⁽²⁾	\$14.7	01/15/2002			A		2,666		01/15/2005	+	1/14/2012	Commor	2,6	66	\$14.7	2,666		D	
Option ⁽²⁾	\$21.12	02/24/2004			Α		12,500		11/15/2004	۱ 0	2/23/2014	Common	12,5	500	\$21.12	12,500)	D	

Explanation of Responses:

- 1. Includes shares acquired under the 2000 Employee Stock Purchase Plan in Transactions exempt under Rule 16b-3(c).
- 2. Granted under the 1997 Employee Stock Plan which is a Rule 16b-3 plan.

Charles T King

08/10/2004

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.