FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| l | OMB APPROVAL | | | | | | | | | |
|---|-------------------------|-----------|--|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | | |
| | Estimated average burde | en | | | | | | | | |
| | hours per response: | 0.5 | | | | | | | | |

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

| Name and Address of Reporting Person* Hamlet Virginia W. | | | | | | 2. Issuer Name and Ticker or Trading Symbol BASSETT FURNITURE INDUSTRIES | | | | | | | | (Ch | Relationship of Reporting Persi (Check all applicable) X Director | | | Ssuer | |
|--|---|--------|-----------|----------|-----------------------------|--|---|---|--|----------|-----------------------|---|-------------------------|---|---|---|--|---------------|--|
| (Last) (First) (Middle) | | | | | | INC [BSET] | | | | | | | | | | icer (give title ow) | Other below | (specify) | |
| 3525 FAIRYSTONE PARK HWY P O BOX 626 | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/06/2019 | | | | | | | | | | | | | |
| (Street) | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Line | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | |
| BASSET | ASSETT VA 24055 | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | | | | |
| | | Tabl | le I - No | on-Deriv | ative | Sec | uritie | s Ac | quired | l, Dis | sposed o | f, or I | 3ene | ficial | ly Owr | ned | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/ | | | | | | Execution Date, | | 3. Transaction Code (Instr. 8) 4. Securitie: Disposed O | | | | | |) Seci Ben Owr | mount of urities eficially led Following orted | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amount | (A) (D) | or P | rice | Tran | saction(s) r. 3 and 4) | | () | |
| Common Stock 03/06/20 | | | | | | 019 | | A | | 1,379(1) | A | \$ | 18.12 | (2) | 4,509 | D | | | |
| | | Та | able II - | | | | | | | | osed of, convertib | | | | Owne | d | | | |
| 1. Title of Derivative Security (Instr. 3) | ive Conversion Date Execution Date, or Exercise (Month/Day/Year) if any | | | | Transaction Code (Instr. | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | . Price of Perivative Security Instr. 5) | derivative Securities | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | or Num of Shar | | | | | | |

Explanation of Responses:

- 1. Restricted stock granted under the amended and restated 2010 Stock Incentive Plan which is a Rule 16b-3 plan; vests in one year.
- 2. Price of Bassett Furniture Industries Stock at the close of business 03/06/2019.

/s/ Virginia W. Hamlet

03/08/2019

** 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.