FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

| OMB Number: | 3235-0287 | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| Estimated average burden | | | | | | | | | |
| hours per response: | 0.5 | | | | | | | | |

| obligations may continue. See Instruction 1(b). | | | Filed pursuant to Section 16(a) of the Securities Exchange Act of 193 | hours per response: | | |
|--|---|-----|---|------------------------------|---|-------------------|
| | | | or Section 30(h) of the Investment Company Act of 1940 | | · | |
| Cohenour E | tion 1(b). Ind Address of Reporting Person* <u>our Bruce</u> (First) (Middle IRYSTONE PARK HWY & 626 | | 2. Issuer Name and Ticker or Trading Symbol <u>BASSETT FURNITURE INDUSTRIES</u> <u>INC</u> [BSET] | (Check all applic Directo | r 10% C | Owner (specify |
| (Last) (First) (Middle) 3525 FAIRYSTONE PARK HWY P O BOX 626 | | () | 3. Date of Earliest Transaction (Month/Day/Year) 07/17/2018 | SVP, | Sales & Merchandisin | ıg |
| (Street) BASSETT (City) | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | Line) X Form fi | oint/Group Filing (Check A led by One Reporting Pers led by More than One Rep | son |
| | | | | , | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| | | • | | | | | | | | | | | |
|---------------------------------|--|---|-----------------------------|--|--------|---------------|-----------------------|---|---|---|--|--|--|
| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | Transaction Code (Instr. | | | | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | | | | |
| Common Stock | 07/17/2018 | | F | | 490 | D | \$26.3 ⁽¹⁾ | 20,955.16 ⁽²⁾ | D | | | | |
| Common Stock | | | | | | | | 7,896.27 | Ι | Spouse | | | |

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. Transa Code (8) | | 5. Number of Expiration Date Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 7. Title Amour Securi Underl Deriva Securi and 4) | nt of ties ying tive ty (Instr. 3 | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
|---|---|--|---|------------------------------|---|---|-----|---|---|---|--|--|--|--|--|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

1. Price of Bassett Furniture Industries Stock at the close of business 07/17/18.

2. Includes shares acquired under the 2017 Employee Stock Purchase Plan in transactions exempt under Rule 16-3(A).

/s/ Bruce R. Cohenour

07/18/2018

** Signature of Reporting Person

erson 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.