FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

**OMB APPROVAL** OMB Number: Estimated average burden 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

1. Name and Address of Reporting Person*  JOHNSON MATTHEW S					2. Issuer Name and Ticker or Trading Symbol BASSETT FURNITURE INDUSTRIES INC [ BSET ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director  The control of the control o					
(Last) (First) (Middle) 3525 FAIRYSTONE PARK HWY						Date o		Trans	saction (Mo	nth/E	Day/Year)		Vice !	Pres Merch	nandi	ng & Des	ign		
P O BO		2 11 11 11 11 11 1			077	109/2	.004												
(Street) BASSETT VA			24055		4. If Amendment, Date of Original Filed (Month/Day/Year)  6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person  Form filed by More than One Reporting													n	
(City) (State)		tate)	(Zip)											Person					
		Tak	le I - Non	-Deriv	ative	e Se	curities	s Ac	quired,	Disp	oosed o	f, or Be	neficia	lly Owne	d				
Date					Day/Year)   E		2A. Deemed Execution Date, f any (Month/Day/Year)		Transaction   Code (Instr.		4. Securities Acquired (Disposed Of (D) (Instr. 5)			Benefi Owned	ties cially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) o (D)	r Price		ted action(s) 3 and 4)			(Instr. 4)	
Common <sup>(1)</sup> 07/08					3/2004				S		175	D \$19		.63 1	3 1,146		D		
			Table II - [						uired, D , option					y Owned				•	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day/	ate, T	4. Transaction Code (Instr. 8)				6. Date Exercisab Expiration Date (Month/Day/Year)			of Securi Underlyir Derivativ			9. Numbe derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e S Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)	
				c	Code	v	(A)	(D)	Date Exercisab		expiration pate	Title	Amount or Number of Shares	1					
Option <sup>(2)</sup>	\$22.625	05/06/1997			A		1,000		11/07/199	7 0	5/06/2007	Common	1,000	\$22.625	1,000	)	D		
Option <sup>(3)</sup>	\$32.25	03/24/1998			Α		8,000		11/07/200	0 0	3/23/2008	Common	8,000	\$32.25	8,000	)	D		
Option <sup>(3)</sup>	\$14.875	01/18/2000			A		1,778		01/18/200	1 0	1/17/2010	Common	1,778	\$14.875	1,778	3	D		
Option <sup>(3)</sup>	\$14.875	01/18/2000			A		1,778		01/18/200	2 0	1/17/2010	Common	1,778	\$14.875	1,778	3	D		
Option <sup>(3)</sup>	\$14.875	01/18/2000			Α		1,778		01/18/200	3 0	1/17/2010	Common	1,778	\$14.875	1,778		D		
Option <sup>(3)</sup>	\$14.7	01/15/2002			Α		2,667		01/15/200	3 0	1/14/2012	Common	2,667	\$14.7	2,667	,	D		
Option <sup>(3)</sup>	\$14.7	01/15/2002			Α		2,667		01/15/200	4 0	1/14/2012	Common	2,667	\$14.7	2,667	,	D		
Option <sup>(3)</sup>	\$14.7	01/15/2002			A		2,666		01/15/200	5 0	1/14/2012	Common	2,666	\$14.7	2,666		D		
Ontion(3)	¢21.12	02/24/2004			_		12.500		11/15/200	4 0	2/22/2014	C	12.500	021.12	12.50	0	Б.		

## **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 1993 Long Term Incentive Plan which is a Rule 16b-3 Plan.
- 3. Granted under the 1997 Employee Stock Plan which is a Rule 16b-3 Plan.

Matthew S Johnson

\*\* Signature of Reporting Person

07/09/2004 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.