FORM 4

Check this box if no longer subject to

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							

U obligat	n 16. Form 4 or ions may contin tion 1(b).			Fi					(a) of the Se						34				verage burd sponse:	en 0.5		
1. Name and Address of Reporting Person [*] CAMP JASON							or Section 30(h) of the Investment Company Act of 1940 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 10% Owner Officer (give title Other (specify					
(Last) (First) (Middle) BASSETT FURNITURE INDUSTRIES, INC. P O BOX 626						Date 5/07/2		t Tran	saction (Mc	onth/l	Day/	Year)		X below)		VP, R	below					
(Street)							endment,	Date	of Original I	Filed	l (Mo	onth/Da		6. Individual or Joint/Group Filing (Check Applicable Line)								
BASSETT VA 24055														X Form filed by One Reporting Person Form filed by More than One Reporting Person								
(City)	(S	tate)	(Zip)													1 01301						
1 Title of (ble I - Noi						cquired,	Dis	-					-	nt of	6.0	unorohin	7. Nature of		
1. Title of Security (Instr. 3) 2. Transa Date (Month/E						action 2A. Deemed Execution Date, if any (Month/Day/Year)			e, Transaction Disposed Of (Code (Instr.						5. Amount of Securities Beneficially Owned Followin Reported		6. Ownershi Form: Direc (D) or Indire (I) (Instr. 4)		t Indirect Beneficial Ownership			
									Code	v	Amount			(A) or (D)	Price	Transact (Instr. 3	tion(s)			(Instr. 4)		
Common 05/07							7/2013					911	1 A		\$4.3	8 12	2,911		D			
Common 05/07						7/2013			М			911		D	\$14	12,000			D			
			Table II -						quired, D s, optior							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,		action (Instr.			6. Date Exercis Expiration Date (Month/Day/Ye		9		7. Title and Amo of Securities Underlying Deriv Security (Instr. 3 4)		s Derivative	8. Price of Derivative Security (Instr. 5)	9. Numb derivativ Securitie Benefici Owned Followin Reporte Transac (Instr. 4)	ve es ally g d tion(s)	10. Ownersh Form: Direct (D) or Indirec (I) (Instr	Beneficia) Ownersh ct (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisab		Expir Date	piration te Ti		Am or Nu Title Sha								
Option ⁽¹⁾	\$16.96	07/10/2006			A		37,500		07/10/200	7 (07/09/2016		Co	nmon	37,500	\$16.96	37,5	00	D			
Option ⁽¹⁾	\$16.96	07/10/2006			A		37,500		07/10/200	8 (07/09	7/09/2016		nmon	37,500	\$16.96	37,500		D			
Option ⁽¹⁾	\$16.96	07/10/2006			A		37,500		07/10/200	9 (07/09/2016		Co	nmon	37,500	\$16.96	37,500		D			
Option ⁽¹⁾	\$16.96	07/10/2006			A		37,500		07/10/201	0 (07/09)/2016		nmon	37,500	\$16.96	37,5	00	D	_		
OPTION ⁽¹⁾	\$10.6	10/17/2007	<u> </u>		A		4,000		10/17/200	_		6/2017		/MON	4,000	\$10.6	4,00	00	D			
OPTION ⁽¹⁾	\$10.6	10/17/2007			A	<u> </u>	4,000	<u> </u>	10/17/200			5/2017		MON	4,000	\$10.6	4,00		D	_		
OPTION ⁽¹⁾	\$10.6	10/17/2007			A	<u> </u>	4,000		10/17/201	+		6/2017		MON	4,000	\$10.6	4,00		D			
Option ⁽²⁾ Option ⁽²⁾	\$4.38	05/07/2013			M	<u> </u>	4,000	911	07/14/201	+	07/13/2020			nmon	4,000	\$4.38	_		D			
Option ⁽²⁾	\$4.38	07/14/2010			A A	<u> </u>	4,000	-	07/14/201	╋	07/13/2020				4,000	\$4.38	4,000		D	_		
OPTION ⁽²⁾	\$8.02	07/13/2011			A	<u> </u>	2,000		07/13/201	_		2/2021		AMON	2,000	\$8.02	<u> </u>		D			
OPTION ⁽²⁾	\$8.02	07/13/2011	<u> </u>	-+	A	-	2,000	<u> </u>	07/13/201	-		2/2021			2,000	\$8.02	2,000		D			
OPTION ⁽²⁾	\$8.02	07/13/2011		+	A	\vdash	2,000		07/13/201	+	07/12/2021			/MON	2,000	\$8.02	2,000		D			
OPTION ⁽²⁾	\$8.02	07/13/2011			A		2,000		07/13/201	+		2/2021		/MON	2,000	\$8.02	2,00		D			
-	l n of Respons			[1		1				I			I	1			1			
		Employee Stock Plan E 2010 STOCK INCI				A RULI	E 16B-3 P	LAN,				_		-								
												Ja	son	Camp			05/08/	2013				

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

 \ast 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.

** Signature of Reporting Person

Date