FORM 3

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL							
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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*  Wampler William C Jr  2. Date of Event Requiring Statement (Month/Day/Year) 09/28/2004				nent	3. Issuer Name and Ticker or Trading Symbol BASSETT FURNITURE INDUSTRIES INC [ BSET ]							
(Last)	(First)	(Middle)				tionship of Reporting Perso all applicable) Director	erson(s) to Issuer		5. If Amendment, Date of Original Filed (Month/Day/Year)			
(Street) BRISTOL	eet)					Officer (give title below)	Other (spe below)	ecify	6. Individual or Joint/Group Filing Applicable Line)  X Form filed by One Report  Form filed by More than C  Reporting Person		y One Reporting Person y More than One	
(City)	(State)	(Zip)										
Table I - Non-Derivative Securities Beneficially Owned												
1. Title of Security (Instr. 4)						nt of Securities ally Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Common						0	D					
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)												
1. Title of Derivative Security (Instr. 4)  2. Date Exercisable a Expiration Date (Month/Day/Year)			ate	nd 3. Title and Amount of Securities Underlying Derivative Security (Instr. 4			4. Conversion or Exercise		Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
			Date Exercisable	Expiration Date	n Title		Amount or Number of Shares	Price Deriva Secur	tive	Direct (D) or Indirect (I) (Instr. 5)		

Explanation of Responses:

William C. Wampler, Jr.

10/01/2004

\*\* Signature of Reporting Person

Date

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

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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).