FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

| OMB APPROVAL | | | | | | | |
|--------------------------|---------------|--|--|--|--|--|--|
| OMB Number: | 3235- 0104 | | | | | | |
| Estimated average burden | | | | | | | |
| hours per response: | 0.5 | | | | | | |

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* Goergen James Edward | | | Requiring (Month/Da | 2. Date of Event Requiring Statement (Month/Day/Year) 07/22/2025 3. Issuer Name and Ticker or Trading Symbol BASSETT FURNITURE INDUSTRIES INC [BSET] | | | | | | |
|--|-------------------|----------|---|---|--|--|--|--|------------------|--|
| (Last) 3525 FAIRY | (First) YSTONE PA | (Middle) | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | 5. If Amendment, Date of Original Filed (Month/Day/Year) | | |
| P O BOX 626 | | _ | | Officer (give title below) | 10% Owner Other (specify below) | | 6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting | | | |
| (Street) BASSETT | VA | 24055 | | | due selew) | below) | | Person | by More than One | |
| (City) | (State) | (Zip) | | | | | | | | |
| Table I - Non-Derivative Securities Beneficially Owned | | | | | | | | | | |
| 1. Title of Security (Instr. 4) | | | | - | 2. Amount of Securities Beneficially Owned (Instr. 4) | | | Nature of Indirect Beneficial Ownership (Instr. 5) | | |
| Common Stock | | | | | 0(1) | D ⁽¹⁾ | | | | |
| Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 4) 2. Date Exercisable and Expiration Date (Month/Day/Year) | | ate | 3. Title and Amount of Securities Underlying Derivative Security (Instr. 4) | | 4. Conversion Exercion Exercion Exercion Price of | se Form: | 6. Nature of Indirect Beneficial Ownership (Instr. | | | |
| | | | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | Derivative Security | e Direct (D) or Indirect (I) (Instr. 5) | 5) | |
| Derivative S | ecurities | | (2) | (2) | Derivative Securities | 0(2) | (2) | D ⁽²⁾ | | |

Explanation of Responses:

- 1. No shares owned.
- 2. No derivative shares owned.

/s/ James Edward Goergan 07/30/2025

** Signature of Reporting

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 5 (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.