FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPRO	VAL				
OMB Number:	3235-0287				
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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* SAFRIT BARRY						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 V Officer (give title Other (specify					
(Last) (First) (Middle) 3525 FAIRYSTONE PARK HWY P O BOX 626					3. Date of Earliest Transaction (Month/Day/Year) 10/29/2008									X Office (give title Office (Specify below) Senior Vice President/CFO						
(Street) BASSETT VA 24055					4. If Amendment, Date of Original Filed (Month/Day/Year)								Line)	Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person Person						
(City)	(St		(Zip)																	
1 Title of S	Security (Inst		ble I - Non	1-Deriv 2. Trans		_	CURITIE 2A. Deem		quired,	Disp					Owned 5. Amoun	t of	6 Ow	nership	7. Nature of	
)` /					ate Month/Day/Year)		Execution Date if any (Month/Day/Yea		e, Transacti Code (Ins			rities Acquired (A) o ed Of (D) (Instr. 3, 4			Securities Beneficial Owned Fo	ly	Form	: Direct I Indirect I str. 4)	Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	()	A) or O)	Price	Transactio	on(s) nd 4)			(5 4)	
Common 1					7/2008						500		A	\$3.9	3,054.6318(1)		D			
			Table II - I						uired, D s, option						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, Ti	4. Transaction Code (Instr. 8)		5. Number		6. Date Exerc Expiration Da (Month/Day/Y			7. Title and An of Securities Underlying De Security (Instr. 4)		erivative	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	es ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)	
				С	Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title		Amount or Number of Shares						
Option ⁽²⁾	\$16.25	09/28/1999			A		10,000		09/27/2002	2 09	9/26/2009	Comn	non	10,000	\$16.25	10,00	0	D		
Option ⁽²⁾	\$14.7	01/15/2002			A		5,000		01/15/2003	3 01	1/14/2012	Comn	non	5,000	\$14.7	5,000		D		
Option ⁽²⁾	\$14.7	01/15/2002			A		5,000		01/15/2004	01	1/14/2012	Comn	non	5,000	\$14.7	5,000)	D		
Option ⁽²⁾	\$14.7	01/15/2002			A		5,000		01/15/2005	01	1/14/2012	Comn	non	5,000	\$14.7	5,000)	D		
Option ⁽²⁾	\$21.12	02/24/2004			A		20,000		11/15/2004	02	2/23/2014	Comn	non	20,000	\$21.12	20,00	0	D		
OPTION ⁽²⁾	\$10.6	10/17/2007			A		4,000		10/17/2008	3 10	0/16/2017	COMN	1ON	4,000	\$10.6	4,000)	D		
OPTION ⁽²⁾	\$10.6	10/17/2007			A		4,000		10/17/2009	10	0/16/2017	COMN	1ON	4,000	\$10.6	4,000)	D		
OPTION(2)	¢10.6	10/17/2007	1		٨		4,000		10/17/2010	. I 10	0/16/2017	COM	1ON	4.000	#10 C	4,000	, I	D	1	

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 1997 Employee Stock Plan which is a Rule 16b-3 Plan.

Barry C Safrit

10/29/2008

** Signature of Reporting Person

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.