## FORM 4

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

Washington, D.C. 20549

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

**OMB APPROVAL** 3235-0287 Estimated average burden 0.5 hours per response

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 ]									Relationship of Reporting Person(s) to Issuer (Check all applicable)     Director				
(Last) (First) (Middle) 3525 FAIRYSTONE PARK HWY P O BOX 626						3. Date of Earliest Transaction (Month/Day/Year) 10/17/2007									X Office (give title Office (specify below)  Vice Pres Merchanding & Design				
(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 Person													1
(City) (State) (			(Zip)																
		Ta	ble I - Nor	n-Deri	vativ	e Se	curitie	s Ad	cquired,	Dis	posed o	of, o	r Ben	eficially	/ Owned				
Date				ransaction e onth/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Code (I	Transaction I Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			Beneficia Owned F	s Illy ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount		(A) or (D)	Price	Reported Transacti (Instr. 3 a	on(s)			(Instr. 4)
Common <sup>(1)</sup> 11/0					7/200	7/2005		S		150	150		\$19.5	1,396.714			D		
			Table II -						quired, 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,	4. Transa Code ( 8)		of E		Expiration	6. Date Exercisabl Expiration Date (Month/Day/Year)		of Securities		erivative	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title	,	Amount or Number of Shares					
Option <sup>(2)</sup>	\$32.25	03/24/1998			Α		8,000		11/07/2000	03	3/23/2008	Common 8,		8,000	\$32.25	8,000	)	D	
Option <sup>(2)</sup>	\$14.875	01/18/2000			Α		1,778		01/18/2001	. 01	1/17/2010	Common 1,		1,778	\$14.875	1,778		D	
Option <sup>(2)</sup>	\$14.875	01/18/2000			Α		1,778		01/18/2002	0	1/17/2010	Common		1,778	\$14.875		3	D	
Option <sup>(2)</sup>	\$14.875	01/18/2000			Α		1,778		01/18/2003	0	1/17/2010	Co	mmon	1,778	\$14.875	1,778	3	D	
Option <sup>(2)</sup>	\$14.7	01/15/2002			A		2,667		01/15/2003	0	1/14/2012	Co	mmon	2,667	\$14.7	2,667	7	D	
Option <sup>(2)</sup>	\$14.7	01/15/2002			A		2,667		01/15/2004	0:	1/14/2012	Co	mmon	2,667	\$14.7	2,667	7	D	
Option <sup>(2)</sup>	\$14.7	01/15/2002			A		2,666		01/15/2005	0	1/14/2012	Co	mmon	2,666	\$14.7	2,660	6	D	
Option <sup>(2)</sup>	\$21.12	02/24/2004			A		12,500		11/15/2004	02	2/23/2014	Co	mmon	12,500	\$21.12	12,50	0	D	
OPTION <sup>(2)</sup>	\$10.6	10/17/2007			Α		3,334		10/17/2008	10	0/16/2017	COI	MMON	3,334	\$10.6	3,334	4	D	
OPTION <sup>(2)</sup>	\$10.6	10/17/2007			A		3,333		10/17/2009	10	0/16/2017	COI	MMON	3,333	\$10.6	3,333	3	D	
OPTION <sup>(2)</sup>	\$10.6	10/17/2007		- 1	Α		3,333		10/17/2010	10	0/16/2017	CO	MMON	3,333	\$10.6	3,333	3	D	

## **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.

Matthew S Johnson

10/18/2007

\*\* 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.