Form 4 or Form 5 obligation 1. Name and Address of Republication 2. Po BOX 626 3525 FAIRYSTONE PARK HID 3. BASSETT, VA 24055 USA 2. Issuer Name and Ticker of BASSETT FURNITURE INDUST 3. IRS or Social Security of Security	NEFICIAL OWNERSHIP onger subject to Section 16. ns may continue. See Instructing Person TRIES, INC GHWAY OF Trading Symbol TRIES, INC Number of Reporting Person (of r riginal (Month/Year) ng Person(s) to Issuer (Checher (X) Officer (give title INFORMATIONS OFFICER up Filing (Check Applicable	Voluntary) k all applicable) below) () Other		
Table I Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned				
1. Title of Security	2. 3. 4.Securities Transaction or Dispose Date Code V Amount	Acquired (A) d of (D)	5.Amount of Securities Beneficially Owned at End of Month	6.Dir 7.Nature of Indirect ect Beneficial Ownership (D)or Indir ect(I)
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Table II Derivative Securitites Acquired, Disposed of, or Beneficially Owned				

|5.Number of De |6.Date Exer|7.Title and Amount

|Expiration |

|Date |Expir|

|11-07|3-23-|COMMON

|Date(Month/

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Explanation of Responses:

*OPTIONS (RIGHT TO BUY|32.25

1. Title of Derivative |2.Con-

Security

*GRANTED UNDER THE 1997 EMPLOYEE STOCK PLAN WHICH IS A RULE 16b-3 PLAN

version

or Exer

|Price of

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Transaction

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