FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
hours per response... 0.5

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 OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| LLEN DI | (Street) | rson* (Middle) | ETH 3. Da | IAN AI | LLE | | | | | | 5. Relation | | | | | | |
|-----------------------------------|--|--------------------------------------|--|---|---|---|--|--|--|--|--|--|--|---|--|--|--|
| | RIVE (Street) | (Middle) | | | lioat | | 2. Issuer Name and Ticker or Trading Symbol ETHAN ALLEN INTERIORS INC [ETH] | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | |
| 7, CT 06 | ` ′ | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/17/2011 | | | | | | X Officer (give title below) Other (specify below) VP, Retail | | | | | | | |
| , C1 00 | 911 | | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) X_Form filed by One Reporting PersonForm filed by More than One Reporting Person | | | | | | |
| | DANBURY, CT 06811 (City) (State) (Zip) | | | | Table I - Non-Derivative Securities Acqu | | | | | | ired, Disposed of, or Beneficially Owned | | | | | | |
| 1.Title of Security (Instr. 3) | | Date | 2A. Deemed Execution Date, if any | | if | Code (Instr. 8) | | | | Beneficially Owned Following Reported Transaction(s) | | 6. 7. Ownership Form: B | eneficial | | | | |
| | | | (Month | [Month/Day/Year) | | Code | V | Amount | (A) or (D) | Price | (Instr. 3 | r. 3 and 4) | | \ / | ect (Instr. 4) | | |
| tock | | 02/17/2011 | | | | S | | 833 | $D = \frac{9}{2}$ | \$ 22.9539 | 1,667 | | | D | | | |
| | | Table II - | | | | | th | ontained e form di Disposed | in this f splays of, or B | orm are a curre | not requesting ntly valid | uired to res | spond unle | ss | (> \$2) | | |
| onversion | Date | Year) Execution D | l ate, if | 4. Transacti Code (Instr. 8) | | 5. Number of Derivati Securiti Acquire (A) or Dispose of (D) (Instr. 3 4, and 5 | ve es d d D E | Date Exe nd Expirati Month/Day | rcisable on Date (Year) | 7. T Am Und Sect (Ins 4) | Amount or Number of | | Derivative Securities Beneficially Owned Following Reported | Ownersh Form of Derivativ Security Direct (I or Indire | Beneficial Ownershij (Instr. 4) | | |
| on E | version xercise e of ivative | version Date (Month/Day/e of ivative | Date (Month/Day/Year) ock 02/17/2011 Table II - version Date (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) | Date (Month/Day/Year) Cock O2/17/2011 Table II - Derive (e.g., F. Wersion Date (Month/Day/Year) Version Securities (Month/Day/Year) Output Table II - Derive (e.g., F. Month/Day/Year) Output Month/Day/Year) | Date (Month/Day/Year) Cock O2/17/2011 Table II - Derivative Securities beneficially services (e.g., puts, calls e of water (Month/Day/Year) 3. Transaction Date (Month/Day/Year) Ode (Month/Day/Year) (Month/Day/Year) A. 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Reporting Owners

| B 41 0 W | Relationships | | | | | | | |
|---|---------------|--------------|------------|-------|--|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | | |
| Stout Lynda ETHAN ALLEN DRIVE DANBURY, CT 06811 | | | VP, Retail | | | | | |

Signatures

| Lynda W. Stout | 02/18/2011 |
|---------------------------------|------------|
| **Signature of Reporting Person | Date |

Explanation of Responses:

- * 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.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.