

(Print or Type Responses)

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

OMB APPROVAL				
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INITIAL STATEMENT OF 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

Statement (Mont				3. Issuer Name and Ticker or Trading Symbol ETHAN ALLEN INTERIORS INC [ETH]					
09/29/2	.013		Issuer	1 0	\ /	5. If Amendment, Date Original Filed(Month/Day/Year)			
		X Director Officer (give titl	X_ Director 10% Owner Other (specify		6. Individual or Joint/Group Filing(Check Applicable Line) X Form filed by One Reporting Person				
			below)	ociow)	Form fi	Form filed by More than One Reporting Person			
	Table I - Non-Derivative Securities Beneficially Owned								
			ally Owned	Form: Direct (D) or Indirect (I)	4. Nature of Indirect Beneficial Ownership (Instr. 5)				
	0			D					
Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. SEC 1473 (7-02) 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 control number. Table II. Derivative Securities Peneficially Owned (a.g., puts, calls, wayrents, entires, convertible securities)									
1. Title of Derivative Security (Instr. 4) 2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of		4. Conversion	5. Ownership Form of Derivative Security: Direct	6. Nature of Indirect Beneficial Ownership (Instr. 5)			
Date	Expiration Date	Title	Amount or Number of Shares	Security	(D) or Indirect (I)				
	s of securities and to the c splays a curities 2. Date Exer and Expirati (Month/Day/Ye	Statement (Month/D) 09/29/2015 2 Be (In ond to the collection of splays a currently validative Securities Beneficial 2. Date Exercisable and Expiration Date (Month/Day/Year)	Statement (Month/Day/Year) Statement (Month/Day/Year) Page 109/29/2015 T 2. Amount Beneficia (Instr. 4) 0 s of securities beneficially owner ond to the collection of information of the plays a currently valid OM 2. Date Exercisable and Expiration Date (Month/Day/Year) 3. Tit Securities Beneficially Owner of the collection of the plays a currently valid OM 2. Date Exercisable and Expiration Date (Month/Day/Year) 3. Tit Securities Beneficially Owner of the plays a currently valid OM	Statement (Month/Day/Year) 09/29/2015 A. Relationship of Issuer (Check X_Director Officer (give tith below)	Statement (Month/Day/Year) 09/29/2015 ETHAN ALLEN INTERIOR 4. Relationship of Reporting Person Issuer (Check all applicable) ———————————————————————————————————	Statement (Month/Day/Year) 09/29/2015 ETHAN ALLEN INTERIORS INC [ETH] 4. Relationship of Reporting Person(s) to Issuer (Check all applicable) X_Director Officer (give title below) Table I - Non-Derivative Securities Beneficially Officer (Instr. 4) 2. Amount of Securities Beneficially Owned (Instr. 4) 3. Ownership Form: Direct (I) (I) (Instr. 5) 0 D s of securities beneficially owned directly or indirectly. Individual of Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities and Expiration Date (Month/Day/Year) 3. Title and Amount of Securities Underlying Derivative Security (Instr. 4) Security Owned (Instr. 4) Security Owned (Instr. 4) ETHAN ALLEN INTERIORS INC [ETH] 4. Relationship of Reporting Person(s) to Island Surface (Check all applicable) Securities Beneficially Owner Individual of Securities Beneficially Owner Individual of Securities Individu			

Depositing Owner Name /	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
Stacom Tara I.					
ETHAN ALLEN DRIVE	X				
DANBURY, CT 06811					

Signatures

Tara I. Stacom	10/05/2015
**Signature of Reporting Person	Date

Explanation of Responses:

- 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.

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