# 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

|   | pe Response    | 8)   |   |  |          |   |                  |            |  |            |     |   |                   |          |
|---|----------------|--|---|--|----------|---|------------------|------------|--|------------|-----|---|-------------------|----------|
| Name and Address of Reporting Person * THORN CLIFFORD |                |  | 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  X Officer (give title below) Other (specify below)  VP Upholstery Manufacturing |            |     |   |                   |          |
| (Last) (First) (Middle) ETHAN ALLEN DRIVE             |                |  | 3. Date of Earliest Transaction (Month/Day/Year) 02/04/2010                 |  |          |   |                  |            |  |            |     |   |                   |          |
| (Street)  |                |  | 4. If Amendment, Date 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                     |            |     |   |                   |          |
|   | RY, CT 06      |  |   |  |          |   |                  |            |  |            |     | - Cone responding   |                   |          |
| (City   | <sup>'</sup> ) | (State)                                    | (Zip)   | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned |          |   |                  |            |  |            |     |   |                   |          |
| (Instr. 3) Da   |                | 2. Transaction<br>Date<br>(Month/Day/Year) | 2A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year)                 | (Instr. 8)   | (A<br>(I | 4. Securities Acquire<br>(A) or Disposed of<br>(D)<br>(Instr. 3, 4 and 5) |                  | of         | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)  |            | ` / | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |                   |          |
|   |                |  |   |  | Code     | VA  | mount            | (A) or (D) | Price  |            |     |   | (I)<br>(Instr. 4) | (msu. 4) |
| Restricte   | d Stock        |  | 02/04/2010  |  | A        | 1   | ,500<br><u>)</u> | A          | \$ 0   | 1,500      |     |   | D                 |          |
|   |                |  | Table II - I  | Derivative Securiti  |          | the for   | m disp           | lays a d   | curre  | ntly valid |     | spond unle<br>trol numbe  |                   |          |
|   |                |  |   | e.g., puts, calls, wa  |          |   |                  |            |  | iy Ownea   |     |   |                   |          |

### **Reporting Owners**

| D C O N                        | Relationships |              |                             |       |  |  |
|--------------------------------|---------------|--------------|-----------------------------|-------|--|--|
| Reporting Owner Name / Address | Director      | 10%<br>Owner | Officer                     | Other |  |  |
| THORN CLIFFORD                 |               |              |                             |       |  |  |
| ETHAN ALLEN DRIVE              |               |              | VP Upholstery Manufacturing |       |  |  |
| DANBURY, CT 06811              |               |              |                             |       |  |  |

# **Signatures**

| Clifford Thorn                   | 02/08/2010 |  |  |
|----------------------------------|------------|--|--|
| ***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).
- (1) Restricted Stock vests ratable over a three year period.

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.