FORM 5

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

| OMB APPROVAL | | | | | | | |
|-------------------|-----------|--|--|--|--|--|--|
| OMB Number: | 3235-0362 | | | | | | |
| Estimated averag | e burden | | | | | | |
| hours per respons | 1 ۸ | | | | | | |

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). Form 3 Holdings Reported Form 4 Transactions

Reported

ANNUAL 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

| 1. Name and Address STOUT CRAIG | s of Reporting Pe | | 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 | | | | |
|------------------------------------|-------------------|--|---|--------------------|---|--|--|---|--|-------------------------|--|
| (Last) | (First) | (Middle) | 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) | | | Officer (give title below) X Other (specify below) VP, Prd. Dev. Case Goods & Uph | | | | | |
| ETHAN ALLEN | DRIVE | | 06/30/2013 | | | | | | | | |
| (Street) | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | 6. Individual or Joint/Group Reporting (check applicable line) | | | |
| DANBURY, CT | 06811 | | | | | | | _X_Form Filed by One Reporting Person Form Filed by More than One Reporting Person | | | |
| (City) | (State) | (Zip) | Tab | le I - Non-Deri | vative Sec | curities | Acqui | ired, Disposed of, or Beneficially Owned | | | |
| 1.Title of Security (Instr. 3) | | 2. Transaction Date (Month/Day/Year) | Execution Date, if | Code (Instr. 8) | (A) or Disposed of (D) (Instr. 3, 4 and 5) | | of (D) | 5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership | |
| Common Stock | | | | | | | | 457.4588 | I | Held in 401(k) | |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

SEC 2270 (9-02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| Security (Instr. 3) | Conversion | Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | Code (Instr. 8) | of Deriva Securi Acqui (A) or Dispos of (D) (Instr. | er ative ities red sed 3, | 6. Date Exer and Expirati (Month/Day | on Date /Year) | Amou Unde Secur | ant of rlying | Derivative Security (Instr. 5) | Derivative Securities Beneficially Owned at | Ownership Form of Derivative Security: Direct (D) or Indirect (I) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
|---------------------|------------|--------------------------|---|--------------------|--|--|--|--------------------|-----------------------|--|--------------------------------------|--|---|--|--|
| | | | | | 4, and (A) | , | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | | |

Reporting Owners

| Reporting Owner Name / | Relationships | | | | | | | |
|---|---------------|--------------|---------|--------------------------------|--|--|--|--|
| Address | Director | 10% Owner | Officer | Other | | | | |
| STOUT CRAIG ETHAN ALLEN DRIVE DANBURY, CT 06811 | | | | VP, Prd. Dev. Case Goods & Uph | | | | |

Signatures

| Craig Stout | 08/12/2013 |
|---------------------------------|------------|
| **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 provided 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.