## FORM 4

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

OMB APPROVAL						
OMB Number:	3235-0287					
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nours per response	e 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

(Print or Ty	pe Response:	S)															
Name and Address of Reporting Person * Stacom Tara I.				2. Issuer Name and Ticker or Trading Symbol ETHAN ALLEN INTERIORS INC [ETH]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner					
ETHAN	) ALLEN D	(First) PRIVE	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 09/21/2016			-	Office	r (give title belo	ow)	Other (specify	below)				
D ANDLE				e 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																
(City	·)	(State)	(Zip)			Table l	- No	n-D	erivative	Securiti	es Ac	quire	ed, Dispo	osed of, or I	Beneficially	Owned	
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	Execution			Code (Instr. 8)		on 4. Securities Acquired (A or Disposed of (D) (Instr. 3, 4 and 5)				5. Amount of Securities Beneficially Owned Following Reported Transaction(s)			Ownership of	Beneficial	
				(Month/	/Day/Year	Co	de	V	Amount	(A) or (D)	Price	(Instr. 3 and 4)		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)		
Common	Stock		09/21/2016			F				A	\$ 33.30		6,300			D	
			Table II					the	ntained i	in this fo splays of, or Bo	orm a a cur enefic	are r rrent cially	not requ ly valid		ormation spond unle trol numbe	ss	2 1474 (9-02)
1. Title of	2	3. Transact	tion 3A. Deeme		118, cans, 1.	5.	118, O <sub>I</sub>		Date Exer				e and	8 Price of	9. Number	of 10.	11. Natu
Derivative Security	Conversion Date		Execution Da th/Day/Year) any		te, if Transaction Code Year) (Instr. 8)		Number		and Expiration Date (Month/Day/Year)		A U Se	Amou Inder Securi Instr.	nt of lying	Derivative Security (Instr. 5)		Owners Form of Derivat Securit Direct or India	ship of Indire f Benefici Ownersl (Instr. 4)
					Code V	7 (A)	(D)	Da Ex	ate xercisable	Expirati Date	ion T	itle	Amount or Number of Shares				

## **Reporting Owners**

D 41 0 V 4	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Stacom Tara I. ETHAN ALLEN DRIVE	X						
DANBURY, CT 06811							

### Signatures

Tara I. Stacom	09/22/2016
**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.