## FORM 4

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

| OMB APPROVAL       |           |  |  |  |
|--------------------|-----------|--|--|--|
| OMB Number:        | 3235-0287 |  |  |  |
| Estimated average  | burden    |  |  |  |
| nours 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

| (Print or Ty   | pe Response   | -,                      |  |                             |         |  |                                |  |   |   |  |                                      |  |   |  |  |
|--|---|-------------------------|--|-----------------------------|---------|--|--------------------------------|--|---|---|--|--------------------------------------|--|---|--|--|
| 1. Name and Address of Reporting Person — Garrett Mary  (Last) (First) (Middle)  25 LAKE AVENUE EXT.  (Street) |   |                         | ETHAN ALLEN INTERIORS INC [ETH]  3. Date of Earliest Transaction (Month/Day/Year) 07/25/2018 |                             |         |  |                                |  |   | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  _X_Director Officer (give title below)  6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person _Form filed by More than One Reporting Person uired, Disposed of, or Beneficially Owned |  |                                      |  |   |  |  |
|  |   |                         |  |                             |         |  |                                |  | _   |   |  |                                      |  |   |  |  |
|  |   |                         |  |                             |         |  |                                |  |   |   |  |                                      |  |   |  |  |
| DANBURY, CT 06811 (City) (State) (Zip)   |   |                         | Table I Non Designation Committee  |                             |         |  |                                |  |   |   |  |                                      |  | Acquire   |  |  |
| 1.Title of Security 2. Transaction   |   |                         | 2A. Dec  | emed                        |         | 3. Transaction 4. Securities Acquired  |                                |  |   |   |  | Securities B                         |  | 6.  | 7. Nature  |  |
| (Instr. 3) Dat   |   | Date<br>(Month/Day/Year | Executi<br>any   | ion Date, if<br>n/Day/Year) |         | Code<br>(Instr.  |                                | (A) or Disposed<br>(Instr. 3, 4 and 5)                                       |   | of (D) Ov   |  | following Reported ion(s)            |  | Ownership<br>Form:<br>Direct (D)  | of Indirect<br>Beneficial<br>Ownership   |  |
|  |   |                         |  |                             |         |  | Cod                            | de V   | `   | A) or<br>(D)  | Price  |                                      |  |   | or Indirect (I) (Instr. 4)   | (Instr. 4)                                       |
| Common   | Stock   |                         |  |                             |         |  |                                |  |   |   | 20   | 00                                   | )  |   | D  |  |
|  |   |                         |  |                             |         |  |                                | contai   |   | forn  | n are not  | required                             |  | d unless th   | SEC<br>e   |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)  | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security |                         | Table II -  3A. Deemed Execution Date, if any (Month/Day/Year)                               | 4.<br>Transac<br>Code       | etion ( |  | rants, hber ( I tive ( ies ed  | form duired, Disp  | ned in this isplays a cosed of, or onvertible servisable and Date                       | Benefacturia  | n are not<br>ently valid   | required d OMB co wned d Amount /ing | 8. Price of                                | d unless the ber.  9. Number of   | of 10. Owners Form of Derivati Security Direct ( or Indire                       | Benefici Ownersh (Instr. 4)  D) ect              |
| Derivative<br>Security   | Conversion<br>or Exercise<br>Price of<br>Derivative                   | Date                    | 3A. Deemed<br>Execution Date, if<br>any  | 4.<br>Transac<br>Code       | etion ( | ls, war<br>5. Num<br>of<br>Derivat<br>Securit<br>Acquire<br>(A) or<br>Dispose<br>of (D)<br>(Instr. 3 | hber (itive (ities ed ed 3, 4, | contain<br>form d<br>uired, Disp<br>options, co<br>6. Date Exe<br>Expiration | ned in this isplays a coosed of, or onvertible s recisable and Date y/Year)  Expiration | Benef<br>securi   | rn are not<br>ently valid<br>eficially Orities)  7. Title an<br>of Underly<br>Securities | required d OMB co wned d Amount /ing | 8. Price of Derivative Security (Instr. 5) | 9. Number of Derivative Securities Beneficially Owned Following Reported Transactions | of 10.<br>Owners<br>Form of<br>Derivati<br>Security<br>Direct (<br>or Indirects) | hip of Indire Benefici Ownersh (Instr. 4) D) ect |

| Post Control   | Relationships |              |         |       |  |  |
|--|---------------|--------------|---------|-------|--|--|
| Reporting Owner Name / Address                           | Director      | 10%<br>Owner | Officer | Other |  |  |
| Garrett Mary<br>25 LAKE AVENUE EXT.<br>DANBURY, CT 06811 | X             |              |         |       |  |  |

## **Signatures**

| /s/ Eric D. Koster as attorney-in-fact for Mary Garrett | 07/27/2018 |
|---|------------|
| **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) Options vest ratably over three years.

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.