## FORM 5

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

| OMB APPR          | ROVAL     |
|-------------------|-----------|
| OMB Number:       | 3235-0362 |
| Estimated average | e burden  |
| hours par raspans | 1.0       |

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 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 10% Owner             |  |                         |  |
|--|----------|--|---|------------------|--|---------|-------------|--|--|-------------------------|--|
| (Last) ETHAN ALLEN ALLEN DRIVE                           | (First)  | (Middle)                                   | 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 06/30/2007     |                  |  |         | Ī           | X_ Officer (give title below) Other (specify below)  VP, Upholstery Manufacturing                      |  |                         |  |
| DANBURY, CT  | (Street) |  | 4. If Amendment, Date Original Filed(Month/Day/Year)                        |                  |  |         |             | 6. Individual or Joint/Group Reporting (check applicable line)  _X_ Form Filed by One Reporting Person |  |                         |  |
| (City)   | (State)  | (Zip)                                      | Form Filed by More than One Reporting Person                                |                  |  |         |             |  |  |                         |  |
| (0.13)   | (2)      | (  | Tak   | ole I - Non-Deri | ivative Se   | curitie | s Acquii    | ed, Disposed of, or Beneficially   | Owned  |                         |  |
| 1.Title of Security (Instr. 3)                           |          | 2. Transaction<br>Date<br>(Month/Day/Year) | 2A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year)                 |                  | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)  (A) or Amount (D) Price |         | of (D)      | 5. Amount of Securities<br>Beneficially Owned at end of<br>Issuer's Fiscal Year<br>(Instr. 3 and 4)    | 6.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I)<br>(Instr. 4) | Beneficial<br>Ownership |  |
| Common Stock   |          | 04/25/2007                                 |   | J                | 9.6141   | A       | \$<br>37.24 | 1,825.191 (1)  | 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)

| 1. Title of | 2.          | 3. Transaction   | 3A. Deemed         | 4.          | 5.      |       | 6. Date Exer        | cisable            | 7. Tit | le and             | 8. Price of | 9. Number    | 10.         | 11. Nature  |  |
|-------------|-------------|------------------|--------------------|-------------|---------|-------|---------------------|--------------------|--------|--------------------|-------------|--------------|-------------|-------------|--|
| Derivative  | Conversion  | Date             | Execution Date, if | Transaction | Numb    | er    | and Expiration      | on Date            | Amou   | ınt of             | Derivative  | of           | Ownership   | of Indirect |  |
| Security    | or Exercise | (Month/Day/Year) | any                | Code        | of      |       | (Month/Day          | /Year)             | Unde   | rlying             | Security    | Derivative   | Form of     | Beneficial  |  |
| (Instr. 3)  | Price of    |                  | (Month/Day/Year)   | (Instr. 8)  | Deriva  | itive |                     |                    | Secur  | ities              | (Instr. 5)  | Securities   | Derivative  | Ownership   |  |
|             | Derivative  |                  |                    |             | Securi  | ties  |                     |                    | (Instr | . 3 and            |             | Beneficially | Security:   | (Instr. 4)  |  |
|             | Security    |                  |                    |             | Acqui   | red   |                     |                    | 4)     |                    |             | Owned at     | Direct (D)  |             |  |
|             |             |                  |                    |             | (A) or  |       |                     |                    |        |                    |             | End of       | or Indirect |             |  |
|             |             |                  |                    |             | Dispos  | sed   |                     |                    |        |                    |             | Issuer's     | (I)         |             |  |
|             |             |                  |                    |             | of (D)  |       |                     |                    |        |                    |             | Fiscal Year  | (Instr. 4)  |             |  |
|             |             |                  |                    |             | (Instr. | 3,    |                     |                    |        |                    |             | (Instr. 4)   |             |             |  |
|             |             |                  |                    |             | 4, and  | 5)    |                     |                    |        |                    |             |              |             |             |  |
|             |             |                  |                    |             |         |       |                     |                    |        | Amount             |             |              |             |             |  |
|             |             |                  |                    |             |         |       | Date<br>Exercisable | Expiration<br>Date | Title  | or<br>Number<br>of |             |              |             |             |  |
|             |             |                  |                    |             | (A)     | (D)   |                     |                    |        | Shares             |             |              |             |             |  |

### **Reporting Owners**

| Ī                              |  | Relationships |                        |                              |       |  |  |  |
|--------------------------------|--|---------------|------------------------|------------------------------|-------|--|--|--|
| Reporting Owner Name / Address |  | Director      | Director Owner Officer |                              | Other |  |  |  |
|                                | THORN CLIFFORD<br>ETHAN ALLEN INTERIORS INC.<br>ETHAN ALLEN DRIVE<br>DANBURY, CT 06811 |               |                        | VP, Upholstery Manufacturing |       |  |  |  |

### **Signatures**

| Clifford Thorn                  | 08/10/2007 |
|---------------------------------|------------|
| **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) Acquired through fiscal year in 401(k) and brings reporting person's balance under the plan current as of June 30, 2007.

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.