# FORM 4

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

| OMB APPR           | ROVAL     |
|--------------------|-----------|
| 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

| 1. Name an  | Stacom Tara I.         ETI           (Last) (First) (Middle)         3. Do           25 LAKE AVENUE EXT.         08/0 |                                     | 2. Issuel Hume und Hener of Huding Symbol  |                       |          |            |                  |  | 5. F   | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X_Director Officer (give title below) Other (specify below) |  |  |              |   |                        |            |
|---|---|-------------------------------------|--|-----------------------|----------|------------|------------------|--|--|--|--|--|--------------|---|------------------------|------------|
| (Las  |   |                                     | ETHAN ALLEN INTERIORS INC [ETH]  3. Date of Earliest Transaction (Month/Day/Year) 08/03/2021 |                       |          |            |                  |  |  |  |  |  |              |   |                        |            |
| DANRII  |   |                                     | 4. If An   |                       |          |            |                  |  |  | _X_  | 6. Individual or Joint/Group Filing(Check Applicable Line)  Form filed by One Reporting Person  Form filed by More than One Reporting Person |  |              |   |                        |            |
| (Cit  |   | (State)                             | (Zip)  |                       |          |            | Tal              | ole I - Non-I                              | Deriva   | tive Securities  | Acquired   | , Disposed o                           | of, or Benef | icially Owned   |                        |            |
| (Instr. 3) Da                                       |   | 2. Transaction Date (Month/Day/Year | 2A. Deemed<br>Execution Day<br>(Month/Day/   |                       | Date, if | 3. Co      | Fransaction      | 4. S<br>(A)                                | ecurities Acqui<br>or Disposed of<br>tr. 3, 4 and 5) | (D) Owned Followin<br>Transaction(s)   |  | ecurities Beneficially                 |              | Ownership<br>Form:  | Beneficial             |            |
|   |   |                                     |  | (Mon                  | tn/D     | ay/ Y ear) |                  | Code V                                     | Am   | ount (A) or (D)  | Price  | or Indirect (I)                        |              | r Indirect (  | Ownership<br>Instr. 4) |            |
|   |   |                                     | Table II   |                       |          |            |                  | in th<br>a cu<br>Acquired, Di              | is foi<br>rrent<br>ispose                            | who respond<br>m are not re<br>y valid OMB<br>d of, or Benef<br>ertible securit  | quired to<br>control n   | respond u<br>umber.                    |              |   |                        | 474 (9-02) |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security   | (Month/Day/Year)                    |  | 4.<br>Transac<br>Code | tion     | 5. Num     | ive<br>ies<br>ed | Expiration Date of (Month/Day/Year) Se (In |  | 7. Title a of Under Securities   | str. 3 and 4) (Instr. 5) Bene<br>Own<br>Follo<br>Repo<br>Trans   |  |              | Ownershi<br>Form of<br>Derivativ<br>Security:<br>Direct (D<br>or Indirect | (Instr. 4)             |            |
|   |   |                                     |  | Code                  | V        | (A)        | (D)              | Date<br>Exercisable                        | e  | Expiration<br>Date   | Title  | Amount<br>or<br>Number<br>of<br>Shares |              |   |                        |            |
| Stock<br>Option<br>(right to<br>buy)                | \$ 23.61  | 08/03/2021                          |  | A                     |          | 4,235      |                  | 08/03/202                                  | 22(1)  | 08/03/2031   | Commo  | on 4.235                               | \$ 0         | 4,235   | D                      |            |

### **Reporting Owners**

| D 4 0 N /                      | Relationships |              |         |       |  |  |
|--------------------------------|---------------|--------------|---------|-------|--|--|
| Reporting Owner Name / Address | Director      | 10%<br>Owner | Officer | Other |  |  |
| Stacom Tara I.                 |               |              |         |       |  |  |
| 25 LAKE AVENUE EXT.            | X             |              |         |       |  |  |
| DANBURY, CT 06811              |               |              |         |       |  |  |

#### **Signatures**

| /s/ Eric D. Koster as attorney-in-fact for Tara I. Stacom | 08/05/2021 |
|---|------------|
| 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) Stock options granted under the Ethan Allen Interiors Inc. Stock Incentive Plan; these options vest ratably over three years, whereby one-third of the total number of options granted vest each year on the anniversary of the grant date, commencing on August 3, 2022.

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. |
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