FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

OMB APPROVAL							
OMB Number:	OMB Number: 3235-0104						
Estimated average burden							
hours per resp	onse: 0.5						

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

JACKSON FRED A Requirements			Date of Event equiring Staten Month/Day/Year 1/21/2016	nent	3. Issuer Name and Ticker or Trading Symbol CULP INC [CFI]						
(Last) 1823 EASTCF	(First) IESTER DRIV	(Middle)				ationship of Reporting Perso a all applicable) Director Officer (give title	10% Owner Other (specify		If Amendment, Date of Original Filed (Month/Day/Year) Individual or Joint/Group Filing (Check Applicable Line)		
(Street) HIGH POINT (City)	NC (State)	27265 (Zip)				below)	below)		X	Form filed by	y One Reporting Person y More than One erson
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)						ınt of Securities ially Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Common Stock						1,000	D				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
1. Title of Derivative Security (Instr. 4) 2. Date Exercisable Expiration Date (Month/Day/Year)			ate		3. Title and Amount of Securi Underlying Derivative Securit		4. Conve	ercise	Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
			Date Exercisable	Expiratio Date	n Title	3	Amount or Number of Shares	Price of Derivative Security		Direct (D) or Indirect (I) (Instr. 5)	

Explanation of Responses:

/s/ Thomas B. Gallagher, Jr. 01/25/2016 Attorney-In-Fact

** Signature of Reporting Person

Date

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

- * If the form is filed by more than one reporting person, see Instruction 5 (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.

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 Number.