FORM 4

to Section 16. Form 4 or Form 5 obligations may continue. See

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject

OMB APPROVAL									
OMB Number: 3235-028									
Estimated average burden									
hours per response.	0.5								

	ction 1(b).			ection 16(a) 80(h) of the In					934		hours	s per re	esponse:	0.5			
1. Name and Address of Reporting Person*  DECKER SHARON A					2. Issuer Name <b>and</b> Ticker or Trading Symbol  CULP INC [ CULP ]								Relationshi neck all app X Direc	,	ng Pe	erson(s) to I	
(Last) 1823 EA	`	rst) (I	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 10/01/2020									Officer (give title below)		Other ( below)	specify
(Street) HIGH PO		_	7265 Zip)		4. If Amendment, Date of Original Filed (Month/Day/Year)						Lin	e) X Forn Forn	ridual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person				
				n-Deriva	tive S	ecur	rities Acq	uired,	Disp	osed of	, or Bei	neficia	ally Own	ned			
1. Title of Security (Instr. 3)  2. Transa Date (Month/D			Execution Date,		3. Transaction Code (Instr. 8) 4. Securitie Disposed 6 5)							Forr (D)	m: Direct	7. Nature of Indirect Beneficial Ownership			
							Code	v	Amount	(A) or (D)	Price	Transa	action(s) 3 and 4)			(Instr. 4)	
Common	Stock			10/01/	2020			A		1,020	A \$		7	7,758		D	
		Tal					ies Acqui varrants,							d			
1. Title of Derivative Security (Instr. 3)	Conversion Date Execution Date, or Exercise (Month/Day/Year) if any		4. Transac Code (Ir 8)		of	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		

**Explanation of Responses:** 

/s/ Ashley C. Durbin, Attorney-in-Fact

Title

Expiration

Date

Amount Number

Shares

10/05/2020

\*\* 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 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).

Code

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.

of (D) (Instr. 3, 4 and 5)

(A) (D) Date

Exercisable