FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| ı | OMB APPROVAL | | | | | | | | |
|---|-----------------------|-----------|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | |
| ı | Estimated average bur | den | | | | | | | |
| | 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).

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* Kelly Jonathan Lee | | | | | | 2. Issuer Name and Ticker or Trading Symbol CULP INC [CULP] | | | | | | | | | elationship ck all app Direc | , | ng Per | son(s) to Is | | |
| (Last) | (Fi | rst) (I | Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 07/19/2024 | | | | | | | | | | | Officer (give title below) | | Other (sbelow) | specify | |
| 1823 EASTCHESTER DRIVE | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) HIGH POINT NC 27265 | | | | | | | | | | | | | | | Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | City) (State) (Zip) | | | | Rule 10b5-1(c) Transaction Indication | | | | | | | | | | | | | | | |
| | | | | | | Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | | | | | | |
| | | Table | l - Nor | n-Deriva | tive S | Secu | rities | Acq | uired, | Dis | oosed of | , or E | 3ene | ficial | ly Own | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | Execution Date, | | Transaction Disposed Code (Instr. 5) | | Disposed (| ties Acquired (A) or I Of (D) (Instr. 3, 4 and | | | 5. Amount of Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | | Code | v | Amount | (A) (D) | or | Price | Transa | ed ction(s) 3 and 4) | | | (Instr. 4) | |
| Common Stock 07/19 | | | | | /2024 | | | | P | | 1,145 | 1 | A \$5.3 | | 43,371 | | | 1 1 | SEP- IRA | |
| Common Stock | | | | | | | | | | | | | | | 1 | 1,110 | | | Roth IRA | |
| Common Stock | | | | | | | | | | | | | 27,136 | | | D | | | | |
| | | Tai | | | | | | | | | osed of, o | | | | Owne | d | | | | |
| 1. Title of Derivative Security (Instr. 3) | ative Conversion Date Execution Date, ity or Exercise (Month/Day/Year) if any | | | 4. Transaction Code (Instr. 8) | | of | r osed) . 3, 4 | 6. Date E Expirati (Month/I | on Da | ite An Se Un De Se | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | Price of erivative ecurity nstr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | Code | v | (A) | (D) | Date Exercisa | able | Expiration Date | Title | Amo or Num of Shar | ber | | | | | | | |

Explanation of Responses:

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

07/22/2024

** Signature of Reporting Person

Date

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

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.

^{*} 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).