Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549	
rvasiliigtoii,	D.C.	20040	

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

	OMB APPROVAL											
	OMB Number: 3235-0287											
	Estimated average burden hours per response: 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

Name and Address of Reporting Person* Kelly Jonathan Lee						2. Issuer Name and Ticker or Trading Symbol CULP INC [CULP]								5. Relationship of Reporting (Check all applicable) X Director			g Pers	son(s) to Is		
(Last)	(Fir	,	Middle)	3. Date of Earliest Transaction (Month/Day/Year) 09/20/2023								Office	er (give title /)		Other (s	specify			
1823 EA	STCHEST	ER DRIVE			4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)								
(Street) HIGH PO	OINT NO	2	7265											X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(St	ate) (Z	Zip)		Rul	le 10)b5-	1(c)) Tra	เทรลด	tion Ind	icatio	on '							
	Check this box to indicate that a transaction was made pursuant to a contract, instruction of satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.									uction or writte	en plan	that is inter	nded to							
		Table	I - N	on-Deriva	tive S	Secu	rities	Ac	quire	d, Dis	sposed of	f, or E	Benefici	ially	Own	ed				
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/N			Year)	Execution Date,		· /			4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 a					ties cially I Following	Form	: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A) or (D)	Price		Transa	ction(s) and 4)			(Instr. 4)	
Common	Stock			09/20/20	23				P		1,500	A	\$5.752	5.7524 ⁽¹⁾ 24,186				D		
Common	Stock													I 1.110 I I I			Roth IRA			
Common	Stock														1 42 226 1 1 1			SEP- IRA		
		Tal	ole II	- Derivati (e.g., pu							osed of, convertib				Owne	t				
1. Title of Derivative Security 1. Title of Conversion or Exercise (Instr. 3) 2. Conversion Date (Month/Day/Year) 3. Transaction Date (Execution Date, if any (Month/Day/Year)					nsaction de (Instr. Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expiration Date (Month/Day/Year)		Amou Secur Under Deriva Secur	Amount of Securities S		rice of ivative urity tr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	/ (LO. Dwnership Form: Direct (D) or Indirect I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				
					Code V (A)		(D)	Date Exercisable		Expiration Date	Title	or Number of Shares								

Explanation of Responses:

1. The price reported in column 4 is a weighted average purchase price. These shares were purchased in multiple transactions at prices ranging from \$5.74 - \$5.76, inclusive. The reporting person undertakes to provide to Culp, Inc., any security holder of Culp, Inc., or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares purchased at each separate purchase price within the ranges set forth in this footnote (1) of this Form 4.

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

09/21/2023

** 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).

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.