FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| 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

**OMB APPROVAL** OMB Number: 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

| 1. Name and Address of Reporting Person* <u>CULP ROBERT GEORGE IV</u>        |   |   |   |       |   |   |   |  |          |                                       |  |                     |  |               |  |  | k all applic<br>Directo   | able)<br>r                                      | g Pers   | son(s) to Issu<br>10% Ow<br>Other (s                               | vner           |
|--|---|---|---|-------|---|---|---|--|----------|---------------------------------------|--|---------------------|--|---------------|--|--|---|---|--|--|----------------|
| (Last) (First) (Middle) 1823 EASTCHESTER DRIVE                               |   |   |   |       |   | 3. Date of Earliest Transaction (Month/Day/Year) 01/25/2018 |   |  |          |                                       |  |                     |  |               |  |  | below)  | Officer (give title below)  President, Culp Hon |  |  |                |
| (Street) HIGH POINT NC 27265  (City) (State) (Zip)                           |   |   |   |       | - 4. I<br>-                             | 4. If Amendment, Date of Original Filed (Month/Day/Year)    |   |  |          |                                       |  |                     |  |               |  |  | dividual or Joint/Group Filing (Check Applicable )  X Form filed by One Reporting Person Form filed by More than One Reporting Person |   |  |  |                |
| (City)   | (5  |   | (Zip)   | Dori  | vativ                                   |   | ourit   | ioc Ac   |          | uirod D                               | icr  | osod o              | of or  | Por           | ofic   | vially.  | Owned   |   |  |  |                |
| Table I - Non-Deriv  1. Title of Security (Instr. 3)  2. Trans Date (Month/l |   |   |   |       | saction                                 | 1   | 2A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) |  |          | 3.<br>Transact<br>Code (In<br>8)      | 4. Securities Acquired (A)<br>Disposed Of (D) (Instr. 3, 4 |                     |  |               | 5. Amou<br>4 and Securiti<br>Benefici<br>Owned |  | nt of<br>es<br>ally<br>following  | Form<br>(D) o                                   | n: Direct<br>r Indirect<br>str. 4)                                       | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership                |                |
|  |   |   |   |       |   |   |   |  |          | Code                                  | ,  | Amount              |  | (A) or<br>(D) | Pri  | ice  | Reported<br>Transact<br>(Instr. 3   | ion(s)  |  |  | Instr. 4)      |
| Common Stock 01/25.  |   |   |   |       |   | 2018  |   |  |          | М                                     |  | 15,00               | 0  | A             | \$   | 7.08   | 43  | ,326  |  | D  |                |
| Common Stock   |   |   |   |       |   |   |   |  |          |                                       |  |                     |  |               |  |  | 4,  | 4,621   |  |  | 401(k)<br>Plan |
|  |   | -   | Table II -  |       |   |   |   |  |          |                                       |  | sed of,<br>onvertil |  |               |  |  | Owned   |   |  |  |                |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)                          | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year | 3A. Deemee<br>Execution I<br>if any<br>(Month/Day | Date, | 4.<br>Transaction<br>Code (Instr.<br>8) |   | of<br>Deri<br>Sec<br>Acq<br>(A) o<br>Disp<br>of (I          | umber<br>vative<br>urities<br>uired<br>or<br>oosed<br>O) (Instr.<br>and 5) | Ex       | Date Exer<br>opiration I<br>Ionth/Day | ate  |                     | 7. Title and Amo<br>of Securities<br>Underlying<br>Derivative Secu<br>(Instr. 3 and 4) |               | 1  | B. Price of<br>Derivative<br>Gecurity<br>Instr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)  | i<br>lly  | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |                |
|  |   |   |   |       | Code                                    | v   | (A)   | (D)  | Da<br>Ex | ate<br>kercisable                     |  | opiration           | Title  |               | Amo<br>or<br>Num<br>of<br>Shar                 | ber  |   |   |  |  |                |
| Incentive<br>Stock<br>Option<br>(Right to<br>Buy) <sup>(1)</sup>             | \$7.08  | 01/25/2018                                |   |       | M                                       |   |   | 15,000   | 06       | 6/17/2008                             | 06   | 5/17/2018           | Com<br>Sto   |               | 15,0   | 000  | \$0   | 0   |  | D  |                |

## **Explanation of Responses:**

1. Employee stock option (right to buy) granted pursuant to Culp Inc. 2007 Equity Incentive Plan in reliance upon exemption provided by Rule 16b-3(d).

/s/ Kenneth R. Bowling, 01/28/2018 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 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.