FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

DECKER SHARON A		2. Date of Event Requiring Statement (Month/Day/Year) 03/06/2019 3. Issuer Name and Ticker or Trading Symbol CULP INC [CULP]									
(Last)	(First) HESTER DRIV	(Middle)	_ 05/05/2515			ationship of Reporting Perso (all applicable) Director	son(s) to Issuer		5. If Amendment, Date of Original Filed (Month/Day/Year)		
(Street)	IESTER DRIV				71	Officer (give title below)	er (give title Other (speci		6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person		
HIGH POINT	NC	27265								Form filed by Reporting Pe	y More than One erson
(City)	(State)	(Zip)									
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)					unt of Securities ially Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
		ate	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)			4. Conver or Exer Price of	rsion rcise	5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
			Expiratior Date	on Title		Amount or Number of Shares			Direct (D) or Indirect (I) (Instr. 5)		

Explanation of Responses:

No securities are beneficially owned.

/s/ Ashley C. Durbin, Attorney-In-Fact 03/15/2019

** 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.