FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

| Washington, | D.C. 20549 |
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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 APP | ROVAL | | | | | | | | | |
|--------------------------|-------|--|--|--|--|--|--|--|--|--|
| OMB Number: 3235-0287 | | | | | | | | | | |
| Estimated average burden | | | | | | | | | | |
| hours per response: 0. | | | | | | | | | | |

| | | | or Section 30(n) of the investment Company Act of 1940 | | | | | | | | |
|---|--|----------|---|---|---------------------------------------|-----------------------|--|--|--|--|--|
| Name and Address of Reporting Person* Cathing Kimphorly Pullbody | | | 2. Issuer Name and Ticker or Trading Symbol CULP INC CULP | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | | |
| Gatling Kimberly Bullock | | | | | Director | 10% Owner | | | | | |
| (Lact) (Eirct) (Middle) | | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 10/01/2021 | | Officer (give title below) | Other (specify below) | | | | | |
| | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Individual or Joint/Group Filing (Check Applicable | | | | | | | |
| (Street) | | | | Line) | Form filed by One Rep | orting Person | | | | | |
| HIGH POINT NC 27265 | | 27265 | | | Form filed by More than One Reporting | | | | | | |
| | | | | | Person | if One Reporting | | | | | |
| (City) | (State) | (Zip) | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | |

| 1. Title of Security (Instr. 3) | | 2. Transa Date (Month/Da | nsaction 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Code (Instr. | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) | | | 5. Amount of d Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
|--|------------------|--------------------------------|---|-------|-----------------------------|---|---|---------------|-------------------------|---|------------------------|---|---|--|
| | | | | | Code | v | Amount | (A) or (D) | Price | | ction(s) | | (111311. 4) | |
| Commo | n Stock | | 10/01/ | /2021 | | A | | 1,055 | A | \$0 | 1 | ,055 | D | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | |
| 1. Title of Derivative | 2. Conversion | 3. Transaction Date | | | | | | | 9. Number of derivative | of 10. Ownership | 11. Nature of Indirect | | | |

| | (cigi, pate, cane, manane, opinions, continues) | | | | | | | | | | | | | | |
|---|---|--|---|------------------------------|---|--------|--|--|--------------------|---|--|---|--|--|--|
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | of Exp | | 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 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 | | | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

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

10/06/2021

** Signature of Reporting Person

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.