## Edgar Filing: Stensrud Patricia - Form 4

Stensrud Patr	ricia											
Form 4 February 14,	2018											
	_								OMB AF	PROVAL		
Check this box				RITIES AND EXCHANGE COMMISSION ashington, D.C. 20549				OMB Number:	3235-0287			
				ANGES IN BENEFICIAL OWNERSHIP OF SECURITIES					Expires: January 31 200 Estimated average burden hours per			
Form 4 o Form 5 obligation may cont <i>See</i> Instru 1(b).	Filed pur ns Section 17(	a) of the P	ublic U		ding Cor	npan	y Act of	e Act of 1934, 1935 or Section 0	response	0.5		
(Print or Type F	Responses)											
Stensrud PatriciaSymbol CROW(Last)(First)(Middle)3. Date or (Month/IP.O. BOX 102802/12/2(Street)4. If Amore						5. Relationship of Reporting Person(s) to Issuer						
				WN CRAFTS INC [CRWS]				(Check all applicable)				
			(Month/D	Date of Earliest Transaction Month/Day/Year) 2/12/2018				X Director Officer (give t below)				
				f Amendment, Date Original ed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
GONZALE	S, LA 70707							Form filed by M Person	ore than One Rej	porting		
(City)	(State)	(Zip)	Tabl	e I - Non-E	Derivative	Secu	rities Acqu	uired, Disposed of,	or Beneficiall	y Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deema Execution any (Month/Da	Date, if	3. Transactic Code (Instr. 8) Code V	(Instr. 3,	ispose 4 and (A) or	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Stock	02/12/2018			S	4,000	D	\$ 6.4695	39,250	D			

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

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactic Code (Instr. 8)	<ol> <li>6. Date Exercise</li> <li>ctionNumber Expiration Date</li> <li>of (Month/Day/Y)</li> <li>8) Derivative</li> <li>Securities</li> <li>Acquired</li> <li>(A) or</li> <li>Disposed</li> <li>of (D)</li> </ol>		ate	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code V	(Instr. 3, 4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Stensrud Patricia P.O. BOX 1028 GONZALES, LA 70707	Х						
Signatures							
/s/ Olivia Elliott on behalf of Pastensrud	atricia	02/14/20	018				
<b>**</b> Signature of Reporting Perso	n		Date				

## **Explanation of Responses:**

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. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.