FORM 5

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

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL
OWNERSHIP

	OMB APPROVAL									
	OMB Number:	3235-0362								
	Estimated average b	ourden								
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Form 3 Holdings Reported.

Instruction 1(b)

Form 4	Transactions R	eported.	File	ed pursuant to or Section					ities Excha ompany Ac									
1. Name and Address of Reporting Person* <u>KINCAID STEVEN M</u>			2. Issuer Name and Ticker or Trading Symbol LA-Z-BOY INC [LZB]						5. Relationship of Reporti (Check all applicable) Director				10%	ó Owner				
(Last) (First) (Middle) 1284 N. TELEGRAPH ROAD				3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 04/30/2011					Year)	X Officer (give title Other (specification) Senior Vice President								
(Street) MONROE MI 48162 (City) (State) (Zip)				4. If Amendment, Date of Original Filed (Month/Day/Year)							Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person							
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
Date			2. Transaction Date (Month/Day/Year)			Transaction Code (Instr.						Securiti Benefic		es ally	6. Ownership Form: Direct (D) or		7. Nature of Indirect Beneficial Ownership	
							Amou	nt	(A) or (D)	Price		Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)			ect (I)	(Instr. 4)		
Common shares			03/10/2011		G		3	1,	1,455 D \$		\$0	97,839		,839	D			
Common shares												9,772(1)		72(1)		I	by 401(k)	
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
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. Transaction Code (Instr. 8)	5. Numof of Deriv Secun Acqu (A) or Dispo of (D) (Instrand 5	ative rities ired osed	Expiration (Month/Da		tion Date ///////////////////////////////////		e and unt of rities rlying ative rity (Instr. 3) Amount or Number of Shares	unt ber				10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership t (Instr. 4)	

Explanation of Responses:

1. The reporting person received a return of excess contribution to his 401(k) plan, requiring disposal by the plan trustee of 113 shares.

Remarks:

James P. Klarr, Attorney in fact 06/09/2011

** 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.