FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
|-------------|------|-------|
| | | |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB AP | PROVAL | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | |
| Estimated average burden | | | | | | | |
| hours per respons | e: 0.5 | | | | | | |

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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>LIPFORD ROCQUE E</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol LA-Z-BOY INC [LZB] | | | | | | | | | (Che | 5. Relationship of Report (Check all applicable) X Director | | | ng Person(s) to Issuer 10% Owner | |
|---|---|--|---|--------|-------------------------------|---|-----|-------|--|-----------------------------------|------|-------------------|-----------------------|-------------------------|----------|--|---|-----------------|--|--|
| (Last) 1284 N. | (Fi | , | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/24/2006 | | | | | | | | | | Office belov | r (give title) | | Other (s below) | specify |
| (Street) MONROE MI 48162 | | | | | _ 4. I | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Line | Individual or Joint/Group Filing (Check Applicable e) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | | | | | |
| Table I - Non-Deriv 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | action | 2A. Deemed Execution Date, | | | | quired, Disposed of, or Benef 3. Transaction Code (Instr. 8) 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5) | | | | |) or 5. Amount of | | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | |
| | | Code | v | Amount | | | | | (A) (D) | PI | rice | Transa | action(s) 3 and 4) | | | (Instr. 4) | | | | |
| Common | Shares | | | 08/24 | 4/2006 | 6 | | | | M | | 2,000 |) A | \$ | 3.315 | 5 2 | 20,300 | | D | |
| Common Shares | | | | | | | | | | | | | | | 2,400(1) | | | | by Spouse | |
| | | Т | able II - | | | | | | • | | | sed of onverti | • | | • | Owned | | | , | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Da | Date, | | Transaction Code (Instr. | | n of | | ate Exer piration E nth/Day | Date | Amount of | | of s ng e Secu | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | i is illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | c | Code | v | (A) | (D) | Date Exe | e rcisable | | xpiration ate | Title | or Num of | umber | | | | | |
| Stock Option (Right to | \$3.315 | 08/24/2006 | | | M | | | 2,000 | 08/: | 16/2006 | 09 | 9/15/2006 | Commor Shares | 2,0 | 000 | \$3.315 | 0 | | D | |

Explanation of Responses:

1. The reporting person disclaims beneficial ownership of these securities, and this report shall not be deemed an admission that the reporting person is the beneficial owner of the securities for for purposes of Section 16 or for any other purpose.

Remarks:

James P. Klarr, Attorney-in-Fact for Rocque E. Lipford

08/25/2006

** 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.