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

1. Name and Address of Reporting Person* BERRY GEORGE 2. Date of Event Requiring Statem (Month/Day/Year) 07/09/2014				nent	3. Issuer Name and Ticker or Trading Symbol CATO CORP [CATO]						
(Last) (First) (Middle) P.O. BOX 34216			077037201		Relationship of Reporting Persi (Check all applicable) Director		on(s) to Issuer 10% Owner		5. If Amendment, Date of Original Filed (Month/Day/Year)		
					X	Officer (give title below)	Other (spe below)	cify			/Group Filing (Check
(Street) CHARLOTTE NC 28234-4216					VP, Assistant Cor		,		Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person		
(City)	(State)	(Zip)									
			Table I - Nor	-Derivat	ive S	ecurities Beneficiall	y Owned				
1. Title of Security (Instr. 4)						int of Securities ially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Class A Common Stock							D				
	on Stock					0	D				
	on Stock	(e.				urities Beneficially (Owned	s)			
1. Title of Deriva				ls, warra cisable and ate	nts, c	urities Beneficially (Owned securities	4. Conver or Exer Price o	cise	5. Ownership Form: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)

Explanation of Responses:

/s/ John R. Howe, Attorney-In-

Fact

** 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.