FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0287

## X

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

WNERSHIP OMB Number: 3235-0287 Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 5. Relationship of Reporting Person(s) to Issuer 2. Issuer Name and Ticker or Trading Symbol 1. Name and Address of Reporting Person (Check all applicable) <u>Legacy Housing Corp</u> [ LEGH ] Dechomai Asset Trust Director 10% Owner 3. Date of Earliest Transaction (Month/Day/Year) Other (specify Officer (give title (First) (Middle) 01/18/2024 below) below) (Last) **3713 PINE STREET** 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person (Street) Form filed by More than One Reporting Person JACKSONVILLE FL 32205 Rule 10b5-1(c) Transaction Indication (City) (State) (Zip) Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 1. Title of Security (Instr. 3) 2. Transaction 2A. Deemed 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5. Amount of 6. Ownership Form: Direct 7. Nature Execution Date, if any Date (Month/Day/Year) of Indirect Beneficial Transaction Code (Instr. Securities Beneficially (D) or Indirect Ownership Owned Following (Month/Day/Year) 8) (I) (Instr. 4) Reported (Instr. 4) (A) or (D) Transaction(s) ν Code Amount Price (Instr. 3 and 4) Common Stock, par value \$0.001 per 01/18/2024 G 1,950,000 D \$0 500,000 D share Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) 3. Transaction 6. Date Exercisable and 1. Title of 3A. Deemed 5. Number 7. Title and 8. Price of 9. Number of 10. 11. Nature Expiration Date (Month/Day/Year) Conversion Date (Month/Day/Year) Execution Date, Transaction Derivative Security or Exercise if any Code (Instr. Securities Security Securities Form: Beneficial Direct (D) or Indirect (I) (Instr. 4) (Month/Day/Year) Price of Derivative Securities Acquired Underlying Derivative Beneficially Owned Ownership (Instr. 4) (Instr. 3) (Instr. 5) (A) or Disposed of (D) Security (Instr. 3 and 4) Security Following Reported Transaction(s) (Instr. 3, 4 and 5) (Instr. 4) Amount Number Date Expiration Code (A) (D) Date Shares Exercisable Name and Address of Paparting Parson

1. Name and Address of Reporting Person  Dechomai Asset Trust			
(Last)	(First)	(Middle)	
3713 PINE STREE	T		
(Street)			
JACKSONVILLE	FL	32205	
(City)	(State)	(Zip)	
1. Name and Address of Reporting Person*			
Snerson Gary			
(Last)	(First)	(Middle)	
3717 PINE STREE	T		
(Street)			
JACKSONVILLE	FL	32205	
(City)	(State)	(Zip)	
1. Name and Address of Reporting Person*  Raffin Ryan			
(Last)	(First)	(Middle)	
3717 PINE STREET			

(Street) JACKSONVILLE	FL	32205	
(City)	(State)	(Zip)	
Name and Address of Reporting Person*     Clontz Bryan			
(Last) 3717 PINE STREE	(First)	(Middle)	
(Street) JACKSONVILLE	FL	32205	
(City)	(State)	(Zip)	
1. Name and Address of Reporting Person*  Dechomai Foundation, Inc.			
(Last) 3717 PINE STREE	(First)	(Middle)	
(Street) JACKSONVILLE	FL	32205	
(City)	(State)	(Zip)	

Explanation of Responses:

/s/ Ryan Raffin, on behalf of himself and each other reporting person hereunder

01/17/2024

\*\* Signature of Reporting Person

Date

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

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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).