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* Shipley Douglas M 2. Date of Event Requiring Stater (Month/Day/Year 12/13/2018		nent	3. Issuer Name and Ticker or Trading Symbol Legacy Housing Corp [LEGH]						
(Last) 1600 AIRPOR (Street) BEDFORD (City)	(First) RT FREEWAY TX (State)	(Middle)			Relationship of Reporting Perso (Check all applicable) Director X Officer (give title below)	on(s) to Issuer 10% Owne Other (spec below)	r (1	Month/Day/Year) i. Individual or Joint applicable Line) X Form filed by	ate of Original Filed VGroup Filing (Check y One Reporting Person y More than One erson
		-	Гable I - Non	-Derivat	tive Securities Beneficiall	y Owned	<u> </u>		
1. Title of Security (Instr. 4)			2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Common Stock, par value \$0.001 per share					D				
Common Stoc	k, par value \$6	0.001 per share			3,300,000	D			
Common Stoc	k, par value \$0	•			3,300,000 ve Securities Beneficially ants, options, convertible	Owned	s)		
1. Title of Deriva		(e.		s, warra	ve Securities Beneficially ants, options, convertible	Owned securities	4. Conversion Exercise		6. Nature of Indirect Beneficial Ownership (Instr. 5)

Explanation of Responses:

/s/ Douglas M. Shipley

01/04/2019

** 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.

 $^{^{\}star}$ 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).