FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OWR APPRO	VAL				
OMB Number:	3235-0287				
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	Check this box if no longer subject to								
\neg	Section 16. Form 4 or Form 5								
J	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* Shipley Douglas M						2. Issuer Name and Ticker or Trading Symbol Legacy Housing Corp [LEGH]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
															Dir	ector	X	10% C	wner	
(Last) (First) (Middle) 1600 AIRPORT FREEWAY, #100						3. Date of Earliest Transaction (Month/Day/Year) 07/10/2019										icer (give title ow)		Other below)	(specify	
(Street)					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person					
BEDFORD TX 76022														Fo	Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City) (State) (Zip)																				
		Tabl	e I - No	n-Deriv	ative	Se	curitie	s Ac	quired,	Dis	posed o	f, or	Bene	eficia	lly Owi	ned				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da						ar) li	Execution f any	a. Deemed decution Date, any lonth/Day/Year)		3. Transaction Code (Instr. 8) 4. Securit Disposed 5)		ities Acquired (A) d Of (D) (Instr. 3, 4			d Seci Ben Owr	mount of urities eficially led Following orted	Form	nership : Direct · Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code V		Amount	mount (A) or (D)		Price	Tran	Transaction(s) (Instr. 3 and 4)			(111501.4)	
Common Stock, par value \$0.001 per share 07/10/2						2019		S		900(1)		D	\$ 12 .	85 3	3,291,304		D			
		Та						•			sed of, onvertib			•	/ Owne	d				
1. Title of Derivative Security (Instr. 3)	ve Conversion Date Execution Date or Exercise (Month/Day/Year) if any		Date,	4. Transaction Code (Instr. 8)		of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expiratio (Month/D	Date Exercisable and Expiration Date Month/Day/Year) Date Expiration Date			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amount or Numbe of Title Shares		8. Price o Derivative Security (Instr. 5)		Oi Fo Di Oi (I)). wnership orm: irect (D) i Indirect (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		

Explanation of Responses:

 $1. \ Shares \ were \ sold \ pursuant \ to \ the \ 10b5-1 \ plan \ dated \ June \ 20, \ 2019 \ at \ an \ average \ of \ \$12.85 \ per \ share \ an \ average \ of \ \$12.85 \ per \ share \ an \ average \ of \ \$12.85 \ per \ share \ an \ average \ of \ \$12.85 \ per \ share \ an \ average \ of \ \$12.85 \ per \ share \ an \ average \ of \ \$12.85 \ per \ share \ an \ average \ of \ \$12.85 \ per \ share \ an \ average \ of \ \$12.85 \ per \ share \ an \ average \ of \ \$12.85 \ per \ share \ an \ average \ of \ \$12.85 \ per \ share \ an \ average \ of \ \$12.85 \ per \ share \ an \ average \ of \ \$12.85 \ per \ share \ an \ average \ of \ \$12.85 \ per \ share \ an \ average \ of \ \$12.85 \ per \ share \ an \ average \ of \ \$12.85 \ per \ share \ an \ average \ of \ \$12.85 \ per \ share \ an \ average \ of \ \$12.85 \ per \ share \ an \ average \ of \ \$12.85 \ per \ share \ an \ average \ averag$

/s/ Douglas M. Shipley 07/12/2019

** Signature of Reporting Person Date

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

- * 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.