FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APP	ROVAL						
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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

Name and Address of Rep Xu Caixuan	2. Date of Event Requiring Staten Month/Day/Year 04/01/2019	nent	3. Issuer Name and Ticker or Trading Symbol HF Foods Group Inc. [HFFG]								
(Last) (First) 6001 W. MARKET ST	(Middle)	4. Relationship of Reporting Person(s) to Issuer			5. If Amendment, Date of Original Filed (Month/Day/Year)						
				X	Officer (give title below)	Other (spe below)	cify		dividual or Joint icable Line)	/Group Filing (Check	
(Street)				Chief Financial Officer			X Form filed by One Reporting Person				
GREENSBORO NC	27409								Form filed by Reporting P	y More than One erson	
(City) (State)	(Zip)										
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)					int of Securities ally Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Common Stock, \$0.001 par value per share					0	D					
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
Exp			2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Secur Underlying Derivative Securi		4. Convei or Exei	rcise	5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
		Date Exercisable	Expiration Date	n Title	,	Amount or Number of Shares	Price o Derivat Securit	tive	Direct (D) or Indirect (I) (Instr. 5)		

Explanation of Responses:

/s/ Caixuan Xu

04/11/2019

** 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).