FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

- 1								
	OMB APPROVAL							
	OMB Number:	3235-0104						
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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 Reporting Pe Irrevocable Trust for Rays	mond Ni	. Date of Event Requiring Statem Month/Day/Year 08/22/2018	nent	3. Issuer Name and Ticker or Trading Symbol HF Foods Group Inc. [HFFG]					
(Last) (First) (I	(Middle)			4. Relationship of Reporting Perso (Check all applicable) Director X	on(s) to Issue 10% Owne	r (5. If Amendment, Da (Month/Day/Year)		
	27409 (Zip)			Officer (give title below)	Other (spe below)		Applicable Line) \mathbf{X} Form filed by	/Group Filing (Check y One Reporting Person y More than One erson	
	T	able I - Non	-Derivat	ive Securities Beneficiall	y Owned				
1. Title of Security (Instr. 4)					3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)		
1. Title of Security (Instr. 4)				2. Amount of Securities Beneficially Owned (Instr. 4)	Form: Direct or Indirect (t (D) (Ir		Beneficial Ownership	
Title of Security (Instr. 4) Common					Form: Direct or Indirect (t (D) (Ir		Beneficial Ownership	
	(e.ç		Derivative	Beneficially Owned (Instr. 4)	Form: Direct or Indirect ((Instr. 5)	et (D) (Ir		Beneficial Ownership	
			Derivative ls, warra	5,591,553 e Securities Beneficially (ants, options, convertible	Form: Direct or Indirect ((Instr. 5) D Owned securities ties	et (D) (Ir	ion 5.	6. Nature of Indirect Beneficial Ownership (Instr. 5)	

Explanation of Responses:

/s/ Jianming Ni, Trustee

08/23/2018

** 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).