FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPI	OMB APPROVAL						
OMB Number: 3235-010							
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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* GOODEN CLARENCE W			. Date of Event Requiring Staten Month/Day/Year	nent	3. Issuer Name and Ticker or Trading Symbol <u>UNIVERSAL LOGISTICS HOLDINGS, INC.</u> [ULH]						
(Last) (First) (Middle) 12755 E. NINE MILE RD.			0 11 277 2020		Relationship of Reporting Personal (Check all applicable) X Director		son(s) to Issuer		5. If Amendment, Date of Original Filed (Month/Day/Year)		
(Street) WARREN (City)	MI (State)	48089 (Zip)				Officer (give title below)	Other (spe below)	cify	Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person		y One Reporting Person y More than One
		1	able I - Non	-Derivat	ive S	ecurities Beneficiall	y Owned		<u> </u>		
1. Title of Security (Instr. 4)						int of Securities			4. Nature of Indirect Beneficial Ownership (Instr. 5)		
					senetici	ally Owned (Instr. 4)	or Indirect		(Instr.	5)	
Common Stoo	ck, no par value	2			senetici	ally Owned (Instr. 4)	or Indirect		(Instr.	5)	
Common Stoo	ck, no par value			Derivative	e Sec	, , ,	or Indirect (Instr. 5)	(1)`´	(Instr.	5)	
	ck, no par value	(e. <u>ç</u>		Derivative Is, warra	e Secunts, c	0 urities Beneficially	or Indirect (Instr. 5) D Owned securities	(1)`´	rsion	5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)

Explanation of Responses:

Remarks:

/s/ Clarence W. Gooden 04/30/2018

** Signature of Reporting Person Dat

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).