SEC Form 3/A

FORM 3/A

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person SZE JULIA	2. Date of Event Requiring Statement (Month/Day/Year)	3. Issuer Name and Ticker or Trading Symbol CAVCO INDUSTRIES, INC. [CVCO]								
(Last) (First) (Middle) C/O 3636 N. CENTRAL AVENUE SUITE 1200	05/30/2019	Person(s) to Issuer (Check all applicable)			5. If Amendment, Date of Original Filed (Month/Day/Year) 05/30/2019					
(Street) PHOENIX AZ 85012 (City) (State) (Zip)		X Director Officer (give title below)	Owner Other (specify below)	er er cify	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
		, ,	Table I	- Non-De	erivative Securities Beneficially Owr	ned				
1. Title of Security (Instr. 4)				2. Amount of Securities Beneficially Owned (Instr. 4)			4. Nature of Indir (Instr. 5)	Nature of Indirect Beneficial Ownership astr. 5)		
Common Stock				0	D					
		(e.			vative Securities Beneficially Owner varrants, options, convertible secur					
1. Title of Derivative Security (Instr. 4) 2. Date Exercisable and Expiration Date (Month/Day/Year) (Month/Day/Year)				3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercion Price of	se Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
Explanation of Pagnanage			Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Derivative Security	e Direct (D) or Indirect (I) (Instr. 5)		

Explanation of Responses:

Remarks:

In the original Form 3 filing the initial holdings were incorrectly reported as 150 due to a clerical oversight.

/s/ Mickey R. Dragash, attorney-in-fact for Julia Sze

05/30/2019

OMB APPROVAL

Estimated average burden

hours per response:

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OMB Number:

Expires:

** Signature of Reporting Person

Date

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

* 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).

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.