FORM 3

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

OMB APPROVAL	
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Name and Address of Reporting Person CRUTCHER ANTHONY	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 Ave., Ste. 1200	05/24/2021	Person(s) to Iss	Relationship of Reporting erson(s) to Issuer Check all applicable) Director 5. If Amendment, Date of Original Filed (Month/Day/Year)							
(Street) Phoenix AZ 85012 (City) (State) (Zip)		Officer X (give title below) Chief Information Officer	Owner Other (specify below)	6. Individual or Joint/Group Filing (Cr X Form filed by One Re Form filed by More th	porting Perso	n				
Table I - Non-Derivative Securities Beneficially Owned										
1. Title of Security (Instr. 4)			2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownersh Form: Dire or Indirect (Instr. 5)	rect (D) (Instr. 5)		ct Beneficial Ownership			
Common Stock			0	D						
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)										
1. Title of Derivative Security (Instr. 4) 2. Date Exercisable and Expiration Date (Month/Day/Year)		Underlying Derivative Security (instr. 4)		4. Conversion or Exercise Price of	5. Ownership Form: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)				
			Date Expirati	on Title	Amount or Number of Shares	Derivative Security	or Indirect (I) (Instr. 5)			

Explanation of Responses:

/s/ Mickey R. Dragash, attorney-in-fact 05/25/2021

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.

^{**} Signature of Reporting Person Date

^{*} 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).