FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL								
OMB Number: 3235-0104								
Estimated average burden								
hours per response:	0.5							

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 Bansbury Bryan (	2. Date of Event Requiring Staten Month/Day/Year 11/06/2013	nent	3. Issuer Name and Ticker or Trading Symbol  LGI Homes, Inc. [ LGIH ]									
(Last) (First) 1450 LAKE ROBBII				ationship of Reporting Perso ( all applicable) Director	,		5. If Amendment, Date of Original Filed (Month/Day/Year)					
(Street) THE WOODLANDS TX	77380			ecify	Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person							
(City) (State)	· · · /	rabla I Nian		·· O	idi Ddi-i-ll							
Table I - Non-Derivative Securities Beneficially Owned												
1. Title of Security (Instr. 4)					ially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)				
Common Stock					0	D						
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)												
1. Title of Derivative Sec	curity (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		d 3. Title and Amount of Secur Underlying Derivative Secur		ity (Instr. 4) Conv		rcise	5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
		Date Exercisable	Expiration Date	n Title	<b>.</b>	Amount or Number of Shares	Price o Derivat Securit	tive	Direct (D) or Indirect (I) (Instr. 5)			

Explanation of Responses:

/s/ Bryan Christopher Sansbury 11/05/2013

\*\* 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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).