FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL							
OMB Number:	3235-0287						
Estimated average	burden						
hours per response	0.5						

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Print or Ty	pe Response	s)																
Name and Address of Reporting Person * Sucoff Cary					Issuer Name and Ticker or Trading Symbol Legacy Education Alliance, Inc. [LEAI]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last) (First) (Middle) 1612 EAST CAPE CORAL PKWY					3. Date of Earliest Transaction (Month/Day/Year) 11/19/2018							-	Officer	(give title belo	w)	Other (specify	pelow)	
(Street) CAPE CORAL, FL 33904				4. If	4. If Amendment, Date Original Filed(Month/Day/Year)								6. 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) (Zip)					Table I - Non-Derivative Securities Acqui							cquir	ired, Disposed of, or Beneficially Owned					
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)	Execu		on Date, if		action	(A) or Disposed o (Instr. 3, 4 and 5)		ed of	of (D) Benefic Reporte		ount of Securities cially Owned Following ed Transaction(s)		Form:	7. Nature of Indirect Beneficial	
				(Mont	th/Day/Ye	ear)	Code	V	Amoun	(A) or (D)	Pı	rice	(Instr. 3 and 4)			Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
common	stock		11/19/2018				P		5,000	A	\$ 0.1	1965	428,750			D		
common	stock		11/19/2018				P		10,000) A	\$ 0	0.2	438,750			D		
Reminder:	Report on a	separate line	for each class of se	curities	beneficia	lly	owned d	rectly	or									
					contained in this form a						m are	o the collection of information SEC 1474 (9- re not required to respond unless ently valid OMB control number.						
			Table II -		itive Secu uts, calls,								ly Owned					
1. Title of Derivative Security (Instr. 3)	Conversion	3. Transaction Date (Month/Day	Execution I	Date, if	Code		of	an (Mes d	r 6. Date Exercisable and Expiration Date (Month/Day/Year)		Amo Unde Secu	tle and ount of erlying rities r. 3 and	Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Owners Form of Derivat Security Direct (or Indir	ve Ownership v: (Instr. 4) D)		
					Code	V	(A) (I	Ex	nte ercisable	Expir Date	ation	Title	Amount or Number of Shares					

Reporting Owners

Barrella Carrella Name (Addison	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Sucoff Cary 1612 EAST CAPE CORAL PKWY CAPE CORAL, FL 33904	X						

Signatures

James E. May, Attorney-in-Fact	11/20/2018
Signature of Reporting Person	Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 4(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.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.