

(Print or Type Responses)

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

| OMB APPROVAL | | | | |
|--------------------------|-----------|--|--|--|
| OMB Number: | 3235-0104 | | | |
| Estimated average burden | | | | |
| nours per response | e 0.5 | | | |

INITIAL STATEMENT OF 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

| Name and Address of Reporting Person * Kostiner Barry | 2. Date of Event Statement (Mont | | | 3. Issuer Name and Ticker or Trading Symbol Legacy Education Alliance, Inc. [LEAI] | | | |
|--|--|---|--|--|---|--|--|
| (Last) (First) (Middle) 85 HORTON DRIVE | 05/04/2021 | | 4. Relationship of Reporting Person(s) to Issuer | | \ / | 5. If Amendment, Date Original Filed(Month/Day/Year) | |
| (Street) MONSEY, NY 10952 | | | _X_ Director | Officer (give title Other (specify | | 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 Beneficially Owned | | | | | | |
| 1. Title of Security (Instr. 4) | 2. Amount o Beneficially (Instr. 4) | | lly Owned | | 4. Nature of Indirect Beneficial Ownership (Instr. 5) | | |
| Common Stock | Stock 315,00 | | | D | | | |
| unless the form disp | nd to the collection | on of infor valid OME | rmation contained in t | | · | | |
| 1. Title of Derivative Security 2. Date Exercisable and Expiration Date (Month/Day/Year) | | 3. Title and Amount of Securities Underlying Derivativ Security (Instr. 4) | | Price of Derivative | 5. Ownership Form of Derivative Security: Direct | 6. Nature of Indirect Beneficial Ownership (Instr. 5) | |
| | Date Expirat Exercisable Date | Title L | Amount or Number of Shares | Security | (D) or Indirect (I) (Instr. 5) | | |
| Reporting Owners | | | | | | | |

| Depositing Owner Name / | Relationships | | | | |
|---|---------------|--------------|---------|-------|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | |
| Kostiner Barry 85 HORTON DRIVE MONSEY, NY 10952 | X | | | | |

Signatures

| /s/ Barry Kostiner | 05/06/2021 |
|---------------------------------|------------|
| **Signature of Reporting Person | Date |

Explanation of Responses:

- 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.

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.