# FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
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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)																	
1. Name and Address of Reporting Person * Botbol Michel					2. 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) 1490 N. E. PINE ISLAND RD., SUITE 5D					3. Date of Earliest Transaction (Month/Day/Year) 05/04/2021								X Officer (give title below) Other (specify below)  Chief Executive Officer						
(Street)				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							
CAPE C	ORAL, FL	, 33909																	
(City	)	(State)	(Zip)			Ta	able I	- Nor	ı-De	rivative	Secur	ities A	Acqui	red, Dispo	osed of, or I	Beneficially	Owned		
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)			Code (Instr. 8)		tion	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s)			Ownership Form:		. Nature f Indirect eneficial			
				(Mon	nth/Day/Year)		ode	V	Amoui		(A) or (D)	Price	(Instr. 3 a	nd 4)		Direct (D) or Indirect (I) (Instr. 4)		vnership astr. 4)	
Common	Stock		05/04/2021				N			500,00			\$ 0.05	815,000	)		D		
			Table II -					quire	the ed, D	form dis	splay of, or	s a c Bene	urrer	ntly valid	iired to res				
	I_				puts, call			ts, op					1				2 40		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transactio Date (Month/Day/	Year) Execution Day	ate, if	te, if Transaction Code Year) (Instr. 8)		Number and		and (Mo	Date Exercisable I Expiration Date onth/Day/Year)		Amo Unde Secu	tle and ount of erlying rities r. 3 and		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction ((Instr. 4)	Owner Form Oeriva Securi Direct or Ind	of tive ty: (D) frect	Beneficial Ownershi (Instr. 4)	
					Code	V	(A)	(D)	Dat Exe	e rcisable		ration	Title	Amount or Number of Shares					

### **Reporting Owners**

	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Botbol Michel 1490 N. E. PINE ISLAND RD. SUITE 5D CAPE CORAL, FL 33909	X		Chief Executive Officer					

# **Signatures**

/s/ Michel Botbol	05/06/2021
**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.