FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF

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

SECURITIES

Jones Shaunna D. Requirin (Month/I			2. Date of E Requiring S (Month/Day 10/29/202	statement /Year)	3. Issuer Name and Ticker or Trading Symbol YRC Worldwide Inc. [YRCW]							
(Last) 10990 ROE (Street) OVERLAN PARK		(Middle) 66211 (Zip)	10/27/2020		Issue	ck all applicable)	10% C	Person(s) to 10% Owner Other (specify below)		5. If Amendment, Date of 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)	(ΖΙΡ)										
Table I - Non-Derivative Securities Beneficially Owned												
1. Title of Security (Instr. 4)				ount of Securities cially Owned (Instr.	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)												
Expire (Mont		Expiration D	Date Exercisable and opiration Date Ionth/Day/Year)		3. Title and Amount of Se Underlying Derivative Sec (Instr. 4)		curity Conver		5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr.		
		Date Exercisable	Expiratior Date	ı Title	e e	Amount or Secur Number of Shares		ive	Direct (D) or Indirect (I) (Instr. 5)	5)		

Explanation of Responses:

/s/Shaunna D. Jones

11/06/2020

** Signature of Reporting

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * 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.

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.