FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPR	OMB APPROVAL						
OMB Number:	1B 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 o Brasher Robert	S (2. Date of Event Requiring Staten Month/Day/Year 06/03/2019	nent 1	3. Issuer Name and Ticker or Trading Symbol LANDSTAR SYSTEM INC [LSTR]					
(Last) (First 13410 SUTTON PA	t) (Middle) ARK DRIVE SOUTH			Relationship of Reporting Pers (Check all applicable) Director	on(s) to Issue 10% Owne	(Mo	5. If Amendment, Date of Original Filed (Month/Day/Year)		
(Street) JACKSONVILLE	FL 32224			X Officer (give title below) VP & Chief Commer	Other (spec below) cial Officer	Ap	olicable Line) X Form filed b	t/Group Filing (Check by One Reporting Person by More than One verson	
(City) (State	te) (Zip)								
	1	Table I - Non	-Derivati	ive Securities Beneficial	ly Owned				
1. Title of Security (Instr. 4)					3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)		
1. Title of Security (Ins	str. 4)			2. Amount of Securities Beneficially Owned (Instr. 4)	Form: Direct (t (D) (Ins		: Beneficial Ownership	
1. Title of Security (Ins	str. 4)				Form: Direct (t (D) (Ins		: Beneficial Ownership	
			Derivative	Beneficially Owned (Instr. 4)	Form: Direct or Indirect ((Instr. 5)	t (D) (Ins		: Beneficial Ownership	
	(e.		Derivative ls, warran	3,395 e Securities Beneficially unts, options, convertible	Form: Direct or Indirect ((Instr. 5) D Owned securities	t (D) (Ins	5. Ownership	6. Nature of Indirect Beneficial Ownership (Instr. 5)	

Explanation of Responses:

/s/ James P. Todd, attorney-in-06/05/2019

<u>fact</u>

** Signature of Reporting Person

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.