FORM 3

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL							
OMB Number:	OMB Number: 3235-0104						
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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

1. Name and Address of Reporting Person*  PUBLIC SECTOR PENSION  INVESTMENT BOARD		ISION (I	. Date of Event lequiring Staten Month/Day/Year 2/23/2014	nent	3. Issuer Name and Ticker or Trading Symbol XPO Logistics, Inc. [ XPO ]						
(Last) 1250 RENE-L	(First) EVESQUE BL	(Middle)			Relationship of Reporting Person(s) to Issuer (Check all applicable)     Director		er (Mo	5. If Amendment, Date of Original Filed (Month/Day/Year)			
SUITE 900					Officer (give title below)	Other (spe below)	Ap	olicable Line)	t/Group Filing (Check  y One Reporting Person		
(Street) MONTREAL	A8	H3B 4W8						Form filed b Reporting P	y More than One erson		
(City)	(State)	(Zip)									
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)				2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)				
Common Stock	ζ.				11,415,524	D					
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
1. Title of Derivative Security (Instr. 4)  2. Date Exercisable Expiration Date (Month/Day/Year)		ate	ad 3. Title and Amount of Securities Underlying Derivative Security (Instr. 4		4. Conversior or Exercise Price of		6. Nature of Indirect Beneficial Ownership (Instr. 5)				
			Date Exercisable	Expiration Date	n Title	Amount or Number of Shares	Derivative Security	or Indirect (I) (Instr. 5)			

Explanation of Responses:

/s/ Daniel Garant

12/23/2014

\*\* 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.