FORM 3

1. Name and Address of Reporting Person*

MFN Partners Management, LP

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0104

Estimated average burden hours per response: 0.5

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

			Filed pursuant or Secti	to Section on 30(h) of	16(f the	(a) of the Securities Exchar e Investment Company Act	nge t of	Act of 1940	1934				
1. Name and AMFN Par	Requiring S (Month/Day	2. Date of Event Requiring Statement (Month/Day/Year) 08/11/2022		3. Issuer Name and Ticker or Trading Symbol XPO Logistics, Inc. [XPO]									
(Last) (First) (Middle) 222 BERKELEY STREET, 13TH			-		1:	Relationship of Reporting Person Issuer (Check all applicable) Director X 10%			, ,		5. If Amendment, Date of Original Filed (Month/Day/Year)		
FLOOR						Officer (give title below)	Λ	10% Owner Other (specify below)		6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting			
(Street) BOSTON	MA	02116								v F		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)						Amount of Securities eneficially Owned (Instr.				4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Common St	ock					12,675,369		D	(1)				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)													
1. Title of Derivative Security (Instr. 4)			Expiration Da	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Secu Underlying Derivative Secu (Instr. 4)				rcise	5. Ownership Form: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr.	
			Date	Expiratio	on		OI N Of	umber f	Deriva Securi	tive	or Indirect (I) (Instr. 5)	5)	
			Exercisable	Date		Title	S	hares					
1. Name and A		eporting Person*											
(Last)	(First)	,	iddle)										
222 BERK	ELEY STR	EET, 13TH FL	OOR	_									
(Street)	MA	0.0	2116										
BOSTON	MA		2110	_									
(City)	(State	e) (Z	ip)										
1. Name and Address of Reporting Person* MFN Partners GP, LLC													
(Last) 222 BERK	(First) ELEY STR	(M EET, 13TH FL	iddle) OOR										
(Street) BOSTON	MA	02	2116										
(City) (State) (Zip			ip)										

(Last) 222 BERKELE	(First) EY STREET,	(Middle) 13TH FLOOR					
(Street) BOSTON	MA	02116					
(City)	(State)	(Zip)					
1. Name and Address of Reporting Person* MFN Partners Management, LLC							
(Last) 222 BERKELH	(First) EY STREET,	(Middle) 13TH FLOOR					
(Street) BOSTON	MA	02116					
(City)	(State)	(Zip)					
Name and Address of Reporting Person* DeMichele Michael							
(Last) 222 BERKELE	(First) EY STREET,	(Middle) 13TH FLOOR					
(Street) BOSTON	MA	02116					
(City)	(State)	(Zip)					
1. Name and Address of Reporting Person* NANJI FARHAD							
(Last) 222 BERKELI	(First) EY STREET,	(Middle) 13TH FLOOR					
(Street) BOSTON	MA	02116					
(City)	(State)	(Zip)					

Explanation of Responses:

1. MFN Partners, LP (the "Partnership") is the holder of the securities reported herein. MFN Partners GP, LLC ("MFN GP") is the general partner of the Partnership. MFN Partners Management, LP ("MFN Management") is the investment adviser to the Partnership. MFN Partners Management, LLC ("MFN LLC") is the general partner of MFN Management. Farhad Nanji and Michael F. DeMichele are managing members of MFN GP and MFN LLC. Each Reporting Person disclaims beneficial ownership of such securities, except to the extent of such Reporting Person's pecuniary interest, if any, therein.

Remarks:

MFN PARTNERS, LP, By: /s/ Jonathan Reisman, Authorized Signatory	08/12/2022
MFN PARTNERS GP, LLC, By: /s/ Jonathan Reisman, Authorized Signatory	08/12/2022
MFN PARTNERS MANAGEMENT, LP, By: /s/ Jonathan Reisman,, Authorized Signatory	08/12/2022
MFN PARTNERS MANAGEMENT, LLC, By: /s/ Jonathan Reisman, Authorized Signatory	08/12/2022
MICHAEL DEMICHELE, By: /s/ Michael DeMichele	08/12/2022

<u>FARHAD NANJI, By: /s/</u> <u>08/12/2022</u>

Date

Farhad Nanji

** Signature of Reporting Person

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).

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.

^{**} Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).