FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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| | OMB Number: | 3235-0287 |
| | Estimated average b | ourden |
| | hours per response: | 0.5 |

OMB ADDDOMA

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

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* Robinson Lance A | | | | 2. Issuer Name and Ticker or Trading Symbol XPO Logistics, Inc. [XPO] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify | | | | | | |
|--|-----|------------|----------------|---|---|--|-------------------------------------|----------------------------|--|--|----------------|---|---|---------|--|---------------------------------------|---|--|
| (Last) (First) (Middle) C/O XPO LOGISTICS, INC. FIVE AMERICAN LANE | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/16/2020 | | | | | | | | X Officer (give title Other (specify below) Chief Accounting Officer | | | | | |
| (Street) GREENV (City) | | | 06831 (Zip) | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | Line | Individual or Joint/Group Filing (Check Applicable le) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| | | Tab | le I - Non | -Deriv | ative | Sec | uritie | s Ac | quired, D | isp | osed o | of, or Be | neficial | ly Owne | t | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | Execution Date, | | Code (Instr. 5) | | ed (A) or str. 3, 4 and | 5. Amount of Securities Beneficially Owned Followir Reported | | Form | : Direct Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | | |
| | | | | | | | Code | v | Amount | unt (A) or P | | Transaction(s) (Instr. 3 and 4) | | | | (111501.4) | | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | |
| Derivative Conversion Date Execution Date, I Security or Exercise (Month/Day/Year) if any | | | | Fransaction of Code (Instr. Derivative | | | Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | lly | Ownership Form: Direct (D) or Indirect (I) (Instr. 4 | Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercisable | | piration te | Title | Amount or Number of Shares | | | | | |
| Restricted Stock Unit | (1) | 06/16/2020 | | | A | | 9,529 | | (2) | | (2) | Common Stock, par value \$0.001 per share | 9,529 | \$0 | 9,529 | | D | |

Explanation of Responses:

- 1. Each Restricted Stock Unit ("RSU") represents a contingent right to receive, upon settlement, either (i) one share of Common Stock or (ii) a cash payment equal to the fair market value of one share of Common Stock.
- 2. The RSUs vest in full on the second anniversary of the Grant Date, generally subject to the Reporting Person's continued employment with the Issuer through the vesting date.

Remarks:

/s/ Karlis P. Kirsis, Attorneyin-Fact
** Signature of Reporting Person

06/18/2020

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 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.

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.