FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL							
OMB Number: 3235-010							
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

Crittenden David A. Requiring S (Month/Day			Date of Event Requiring Staten Month/Day/Year 2/20/2012	nent	3. Issuer Name and Ticker or Trading Symbol <u>Universal Truckload Services, Inc.</u> [UACL]						
(Last) (First) (Middle) 12755 E. NINE MILE ROAD					Relationship of Reporting Pers (Check all applicable) Director		son(s) to Issuer 10% Owner		5. If Amendment, Date of Original Filed (Month/Day/Year)		
(Street) WARREN MI 48089					below)	Officer (give title below) Chief Financial C	Other (specify below) Officer		6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person		y One Reporting Person y More than One
(City)	(State)	(Zip)									
		1	able I - Non	-Derivat	ive S	ecurities Beneficiall	y 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)		t (D)	4. Nature of Indirect Beneficial Ownership (Instr. 5)			
								"			
Common Stoo	ck, no par value					0		"			
Common Stoc	ck, no par value	(e. <u>(</u>				0 urities Beneficially ((Instr. 5) D Owned				
	ck, no par value			ls, warra cisable and ate	nts, c	urities Beneficially (Owned securities		rcise	5. Ownership Form: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)

Explanation of Responses:

/s/ David A. Crittenden

12/21/2012

** Signature of Reporting Person

Date

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

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.

 $^{^{\}star}$ 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).