

(Print or Type Responses)

1. Name and Address of Reporting

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

Washington, D.C. 20549

#### INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

OMB APPROVAL				
OMB	3235-			
Number:	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

2. Date of Event Requiring 3. Issuer Name **and** Ticker or Trading Symbol

Person – Shaw Daren		(Month/Day/Year)		PROFIRE ENERGY INC [PFIE]			
321 SOUTH 1250 WEST, SUIT			4. Relationship Person(s) to Is	suer		5. If Amendment, Date Original Filed(Month/Day/Year)	
(Street) LINDON, UT 84042				(Check all applicable)  _X_ Director		6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person _Form filed by More than One Reporting Person	
(City) (State) (Zip)	Т	Table I - Non-Derivative Securities Beneficially Owned					
1.Title of Security (Instr. 4)	F	. Amount of Amou	y Owned	~ .	Ownership	lirect Beneficial	
Common Stock	C	)		D			
Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.    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 control number.    Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)							
1. Title of Derivative Security (Instr. 4)  2. Date Exercisable and Expiration Date (Month/Day/Year)		e 3. Title and Amount of		4. Conversion or Exercise Price of	5. Ownership Form of Derivative	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
	ate Expirati xercisable Date	Title	Amount or Number of Shares	Derivative Security	Security: Direct (D) or Indirect (I) (Instr. 5)		

# **Reporting Owners**

Reporting Owner Name / Address	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
Shaw Daren					
321 SOUTH 1250 WEST, SUITE1	X				
LINDON, UT 84042					

## **Signatures**

Daren J. Shaw	08/01/2013
**Signature of Reporting Person	Date

## **Explanation of Responses:**

- \* 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).

#### Remarks:

Mr. Shaw was appointed to the Board of Directors of the Issuer on August 1, 2013.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, See Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.