# FORM 3

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

Washington, D.C. 20549

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

OMB APPR	OVAL			
OMB	3235-			
Number:	0104			
Estimated average				
burden hours p	er			
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

(Print or Type Responses)							
1. Name and Address of Reporting  Person *-	2. Date of Event Requiring Statement		3. Issuer Name and Ticker or Trading Symbol PROFIRE ENERGY INC [PFIE]				
Arlen Crouch	(Month/Day/Year	)					
(Last) (First) (Middle) 321 SOUTH 1250 WEST	11/04/2013		4. Relationship of Reporting Person(s) to Issuer			5. If Amendment, Date Original Filed(Month/Day/Year)	
(Street)	1		Officer (give		vner Filing(	6. Individual or Joint/Group Filing(Check Applicable Line) X Form filed by One Reporting Person	
LINDON, UT 84042			title below)	below)		a filed by More than One Reporting	
(City) (State) (Zip)	Tal	ble I - N	on-Derivativ	e Securitie	s Beneficial	ly Owned	
1.Title of Security (Instr. 4)	Ben	amount of deficially str. 4)	Owned		Ownership	ndirect Beneficial	
not required to r number.	spond to the colle respond unless th	ection o ne form	f information displays a cu	contained in	n this form a	ol	
1. Title of Derivative Security (Instr. 4) 2. I and	nd Expiration Date Securitie		and Amount of es Underlying ive Security	of 4.	5. Ownership	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
Dat Exe	te Expiration Date	Title At	mount or Numb	Derivative Security	Security: Direct (D) or Indirect (I) (Instr. 5)		
<b>Reporting Owners</b>							

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

## **Signatures**

/a/ Arlen Ben Crouch	11/07/2013
**Signature of Reporting Person	Date

## **Explanation of Responses:**

No securities are beneficially owned

- \* 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.

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.