FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPR	OVAL
OMB Number:	3235-0287
Estimated average	burden
nours per response	e 0.5

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 OF SECURITIES

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 * Fugal Jay Grant		2. Issuer Name and Ticker or Trading Symbol PROFIRE ENERGY INC [PFIE]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last) (First) (Middle) 321 SOUTH 1250 WEST SUITE 1		3. Date of Earliest Transaction (Month/Day/Year) 03/08/2021					X Officer (give title below) Other (specify below) VP of Operations					
(Street) LINDON, UT 84042		4. If Amendment, Date Original Filed(Month/Day/Year)					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)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned				Owned					
Instr. 3) Da		Date Month/Day/Year)		(Instr. 8)	(A) or Disposed of (of (D)	D) Beneficially Owned For Reported Transaction(following (s)	6. Ownership Form:	Beneficial
			(Month/Day/Year)	Code	V An	(A) or (D)	Price	(Instr. 3 a	na 4)		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
Common Stock		03/08/2021		F	45	3 <u>(1)</u> D	\$ 0	39,504			D	
Reminder: Report on a	separate line for	each class of securi	ities beneficially ow		Persons containe	who responed in this for displays a	m are	not requ	uired to res	pond unles	ss	1474 (9-02)
Reminder: Report on a	separate line for	each class of securi	ities beneficially ow		Persons containe	who responed in this for	m are	not requ	uired to res	pond unles	ss	1474 (9-02)
Title of 2. Derivative Conversion Security or Exercise	3. Transaction Date (Month/Day/Yo	Table II - I (a 3A. Deemed Execution Date any	Derivative Securities, puts, calls, wa 4. Transaction 1 Code (Instr. 8)	es Acquire rrants, op	Persons contained the form ed, Dispositions, con 6. Date I and Expi (Month/I	who respond d in this for displays a sed of, or Ben	eficial rities) 7. Ti Amo Und Secu	not requesting noting valid	OMB cont	9. Number of Derivative Securities Beneficially Owned Following Reported Transactions	f 10. Owners! Form of Derivati Security Direct (1) or Indirects)	11. Nat of Indir Benefic Owners : (Instr. 4
1. Title of Derivative Security (Instr. 3) 1. Title of 2. Conversion or Exercise Price of Derivative	3. Transaction Date (Month/Day/Yo	Table II - I (a 3A. Deemed Execution Date any	Derivative Securities, puts, calls, wa e, if Transaction Code (Instr. 8)	es Acquire rrants, op 5. Number of Derivative Securities Acquired (A) or Disposed	Persons contained the form ed, Dispositions, con 6. Date I and Expi (Month/I	who responded in this for displays a seed of, or Ben vertible security exercisable ration Date	eficial rities) 7. Ti Amo Und Secu (Inst	e not requently valid ly Owned itle and ount of erlying urities	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported	f 10. Ownersl Form of Derivati Security Direct (l or Indire	11. Nat of Indir Benefic Owners : (Instr. 4
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		Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Fugal Jay Grant 321 SOUTH 1250 WEST SUITE 1 LINDON, UT 84042			VP of Operations			

Signatures

Todd Fugal as attorney-in-fact for Jay G. Fugal	03/10/2021
**Signature of Reporting Person	Date

Explanation of Responses:

* 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).
- Shares vested pursuant to a previously reported restricted stock award and these shares were withheld for payment of the tax liability.

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.