FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## OMB APPROVAL OMB Number: 32350104 Estimated average burden hours per response: 0.5

## INITIAL STATEMENT OF 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

Name and Address of Reporting Person*     McClimon David Scott			Requiring S (Month/Day	2. Date of Event Requiring Statement (Month/Day/Year) 01/21/2021  3. Issuer Name and Ticker or Trading Symbol YRC Worldwide Inc. [YRCW]						
(Last) (First) (Middle) 10990 ROE AVENUE				Relationship of Reporting Person(s) to Issuer (Check all applicable)			5. If Amendment, Date of Original Filed (Month/Day/Year)			
(Street) OVERLAN PARK (City)	D KS	66211 (Zip)	-		X Director Officer (give title below)	10% C Other below)	(specify		reck Applicable Form filed Person	by One Reporting by More than One
Table I - Non-Derivative Securities Beneficially Owned										
1. Title of Security (Instr. 4)								4. Nature of Indirect Beneficial Ownership (Instr. 5)		
1. Title of Sec	urity (Instr. 4)				2. Amount of Securities Beneficially Owned (Instr. 4)	Form: [ (D) or li	Direct ndirect			
Title of Second Common Store					Beneficially Owned (Instr.	Form: [ (D) or li	Direct ndirect r. 5)			
				) Derivative	Beneficially Owned (Instr. 4)	Form: I (D) or li (I) (Insti	Direct ndirect r. 5)	Own		
	ock	(e.g.		Derivative ls, warran	Beneficially Owned (Instr. 4)  0  Securities Beneficia	Form: I (D) or II (I) (Insti	Direct ndirect r. 5)	) sion cise		

**Explanation of Responses:** 

David S. McClimon

01/26/2021

\*\* Signature of Reporting Person 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 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.

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.