FORM 3

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

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL							
OMB Number:	3235-0104						
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

1. Name and Address of Reporting Person*  Aslam Farha  2. Date of Event Requiring Statement (Month/Day/Year) 05/01/2019				nent	3. Issuer Name and Ticker or Trading Symbol PILGRIMS PRIDE CORP [ PPC ]							
(Last) 1770 PROMO (Street) GREELEY	1770 PROMONTORY CIRCLE  Street)					tionship of Reporting Perso all applicable) Director Officer (give title below)	10% Own Other (spe below)	er	5. If Amendment, Date of 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 Beneficially Owned												
1. Title of Security (Instr. 4)						nt of Securities ally Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)			
No Securities Beneficially Owned						0	D					
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)												
1. Title of Derivative Security (Instr. 4)  2. Date Exercisable a Expiration Date (Month/Day/Year)			ate	3. Title and Amount of Secur Underlying Derivative Secur		ity (Instr. 4) Conve		ercise	5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
			Date Exercisable	Expiration Date	n Title		Amount or Number of Shares	Price of Derivation	tive	Direct (D) or Indirect (I) (Instr. 5)		

**Explanation of Responses:** 

Remarks:

<u>/s/ Farha Aslam</u> <u>08/01/2019</u>

\*\* Signature of Reporting Person Dat

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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).