FORM 3

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

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

	OMB APPROVAL							
	OMB Number: 3235-010 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*  FULLER GILBERT A  2. Date of Event Requiring Statement (Month/Day/Year) 12/07/2012				nent	3. Issuer Name and Ticker or Trading Symbol SECURITY NATIONAL FINANCIAL CORP [ SNFCA ]								
(Last) (First) (Middle) 55 WANDERWOOD WAY						tionship of Reporting Perso all applicable) Director	son(s) to Issuer		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				
(Street)						Officer (give title below)	Other (spe below)	ecify					
SANDY	UT	84092									y More than One		
(City)	(State)	(Zip)											
	Table I - Non-Derivative Securities Beneficially Owned												
1. Title of Security (Instr. 4)						Amount of Securities an eneficially Owned (Instr. 4) 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		ct (D)	4. Nature of Indirect Beneficial Ownership (Instr. 5)				
Class A Common Stock						0	D						
		(e. <u>ç</u>				urities Beneficially ( pptions, convertible		s)					
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:	(Instr. 5)			
			Date Exercisable	Expiration Date	n Title		Amount or Number of Shares	Price Deriva	ative	Direct (D) or Indirect (I) (Instr. 5)			

Explanation of Responses:

/s/ Gilbert A. Fuller

12/11/2012

\*\* Signature of Reporting Person

Date

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).