FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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| | | |

| Check this box if no longer subject to | STATEMENT OF C |
|--|-------------------|
| Section 16. Form 4 or Form 5 | |
| obligations may continue. See | |
| Instruction 1(b). | Filed pursuant to |

CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 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

| Name and Address of Reporting Person* WEBSTER PATRICK M (First) (Middle) | | | | | <u>UI</u> | 2. Issuer Name and Ticker or Trading Symbol UNIVERSAL FOREST PRODUCTS INC UFPI UFPI Output Description: | | | | | | | | | | | all appli Direct Office | onship of Reporting Il applicable) Director Officer (give title below) | | 10% Ov Other (s below) | wner | |
|--|---|--|--|-------------------------------------|---|--|-----|----------|---|-----------------|------|-----------------|---|--------------|---------------------------------------|---------------------------------------|---|--|---|------------------------------|--|--|
| 2801 EAST BELTLINE NE | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/31/2009 | | | | | | | | | | | President, COO | | | | | | |
| (Street) GRAND RAPIDS | M | | 49525 | | 4. 11 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | Indiv ne) X | , | | | | | |
| (City) | (S | | (Zip) | | | | | | | | | | | | | | | | | | | |
| | | | le I - Nor | | | _ | | | cqu | | Disp | | | | | lly | | | | | | |
| 1. Title of Security (Instr. 3) | | | Date | Transaction te onth/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year | | <i>'</i> | 3. Transaction Code (Instr. 8) | | | | | and Securiti | | ties Fe cially (D Following (I) | | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | Code | v | Amoun | t | (A) or (D) | Price | | Transaction(s) (Instr. 3 and 4) | | | | (111501.4) | | | |
| Common Stock | | | | | | | | | | | | | | | | 20,221 | | | D | | | |
| Common Stock | | | | | | | | | | | | | | | | | 1,500 | | | I | Def. Comp. Interest | |
| | | Т | able II - I (| Deriva e.g., p | | | | | | | | | | | | y O | wned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution I if any (Month/Day | Date, | 4. Transaction Code (Instr 8) | | | | 6. Date Exercisabl Expiration Date (Month/Day/Year) | | | | Amount of Securities Underlying Derivative Sec (Instr. 3 and 4) | | 4) | De | Price of rivative curity str. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | Ownersh Form: y Direct (D or Indire (I) (Instr. | Ownership | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Dat Exe | te ercisable | | piration ite | Title | 0 N | mount or lumber of Shares | | | | | | | |
| Phantom Stock | (1) | 07/31/2009 | | | A | | 26 | | | (2) | | (2) | Comi | | 26 | \$ | 344.64 | 20,770 | | D | | |

Explanation of Responses:

- 1. 1-for-1.
- 2. The phantom stock units were accrued under the Company's Deferred Compensation Plan and are payable in cash or shares of the Company's common stock until the reporting person's death, disability or retirement.

/s/ Christina A. Holderman, as attorney-in-fact for Patrick M. 08/03/2009 Webster

** 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 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).

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.