FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| STATEMENT | OF CHANGES | IN BENEFICIAL | OWNERSHIP |
|-----------|-------------------|---------------|------------------|

| OMB APPRO | DVAL |
|------------------------|-----------|
| OMB Number: | 3235-0287 |
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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* COLE MICHAEL R | | | | | U | 2. Issuer Name and Ticker or Trading Symbol UNIVERSAL FOREST PRODUCTS INC UFPI | | | | | | | | (Che | eck all appl Direct | tor 10% (| | on(s) to Iss 10% Ov Other (s | wner |
|---|--|--|---|-------|---|---|--------|---------|--|-------|-----------|--|--------------------------------|--|---|---|---|---|---------------------------------------|
| (Last) (First) (Middle) 2801 EAST BELTLINE, N.E. | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 10/31/2019 | | | | | | | | | X Officer (give the Officer (specify below) Chief Financial Officer | | | | | |
| (Street) GRAND RAPIDS (City) | | | 49525 (Zip) | | 4. If | f Ame | endmen | t, Date | of Original | Filed | (Month/E | Day/Year) | | Line |) <mark>X</mark> Form | Joint/Group filed by One filed by More | Repor | ting Perso | on |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | | Execution Date, | | | Code (Instr. 5) | | | 4 and Securiti Benefic Owned | | ies ially Following | Form: | Direct Indirect tr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) Pr | | rice | Reporte Transac (Instr. 3 | ction(s) | | (Instr. 4) | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution I if any (Month/Day | Date, | 4. Transactic Code (Insi 8) | | on of | | 6. Date Exercisable a Expiration Date (Month/Day/Year) | | | nd 7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4) | | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | / O F- D O (!) | 0. Dwnership orm: Direct (D) r Indirect) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisab | | opiration | Title | Amo or Num of Shar | ber | | | | | |
| Phantom Stock Units | (1) | 10/31/2019 | | | A | | 29 | | (2) | | (2) | Common Stock | 2 | 9 | \$50.36 | 27,821 | | D | |

Explanation of Responses:

Remarks:

Christina A. Holderman,

Attorney-in-Fact for Michael 11/01/2019

R. Cole

** 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.

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