Instruction 1(b)

## FORM 5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

Washington, D	D.C. 20549	
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# ANNUAL STATEMENT OF CHANGES IN BENEFICIAL **OWNERSHIP**

	OMB APPROVAL									
	OMB Number:	3235-0362								
	Estimated average burden									
-	hours per response:	1.0								

U Form 3	Holaings Rep	опеа.															
Form 4	Transactions	Reported.	Fi	led pursuant t or Sectio					urities Excha Company A								
Name and Address of Reporting Person*     COLE MICHAEL R				2. Issuer Name and Ticker or Trading Symbol UNIVERSAL FOREST PRODUCTS INC UFPI							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  V Officer (give title Other (specify						
(Last) 2801 EA	(Fi	,	(Middle)		3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/26/2015						'ear)	X Onler (give title Other (specify below)  Chief Financial Officer					
(Street) GRAND RAPIDS (City)	M		49525 (Zip)	4. If Amer	4. 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						
		Tah	le I - Non-Deri	vative Sec	uriti	ies A	cauire	.d. Г	Disposed	of. or I	Benefici:	ally (	Owne	d			
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Year)		2A. Deemed Execution D if any	2A. Deemed 3. Execution Date, Transaction		4. Securities Acquired (A) or Dispos Of (D) (Instr. 3, 4 and 5)							6. Ownership Form: Direct		7. Nature of Indirect Beneficial Ownership			
					(montine ay)		Amo	Amount (A) or (D) Price		Price	Issuei				ect (I)	Instr. 4)	
Common Stock						T			T			18,	921		D		
Common	Stock		12/26/2015				J		59	A	(1)	(1) 9,321 I 401(k)			401(k) Plan		
Common	Common Stock 12/15/2015			A			73	A \$71.02		5,527		527			Def Comp Interest		
		T	able II - Deriva (e.g., p	ative Secu outs, calls									wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	of Deriv Secu Acqu (A) o Disport of (D (Instr	5. Number of Expiration Date (Month/Day/Year) Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		ion Date Day/Year)  Underlying Derivative Securi (Instr. 3 and 4)		of es ing ve Security and 4)				Owners Form: Direct (I or Indire (I) (Instr		Beneficial Ownership t (Instr. 4)	
					(A)	(D)	Date Exercis	able	Expiration Date	Title	Amount or Number of Shares						
Phantom Stock Units	(2)	12/15/2015		A	91		(3)		(3)	Commo: Stock	91	,	\$71	7,028	В	D	
Phantom							1			Commercia		1					1

#### **Explanation of Responses:**

(2)

- 1. Reflects non-discretionary transactions affected in account pursuant to the terms of the Company's Profit Sharing and 401(k) Retirement Plan.

Stock

Units

- 3. 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.
- 4. The phantom stock units were accrued under the Company's Deferred Stock Bonus Plan and are payable in shares of the Company's common stock until the reporting person's death, disability or retirement.

## Remarks:

Christina A. Holderman, Attorney-in-Fact for Michael

\$71.12

01/28/2016

1,123

R. Cole

Stock

\*\* 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).

12/15/2015

\*\* 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.