FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| Estimated average burden | | | | | | | | |

0.5

hours per response:

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* JAMES DONALD L | | | | | 2. Issuer Name and Ticker or Trading Symbol UNIVERSAL FOREST PRODUCTS INC | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
|---|---|--|---|--|---|---------|---|--|---------------|--|-----------------|---|---|---|------------------|---|------------|
| | | | | | UFPI] | | | | | | | <u>-</u> [| Direct | tor | 10 |)% Ov | vner |
| (Last) (First) (Middle) | | | | OFFI J | | | | | | | | X Office below | r (give title ') | | ther (s elow) | pecify | |
| | | | | 3. Date of Earliest Transaction (Month/Day/Year) | | | | | | | E | Exec VP National Sales | | | | | |
| 2801 EAST BELTLINE, N.E. | | | | | 12/29/2017 | | | | | | | | | | | | |
| (Street) | | | | | 4. If An | nendmer | nt, Date | e of Original F | iled (N | /lonth/D | ay/Year) | | Individual or | Joint/Group | Filing (Che | ck Ap | plicable |
| GRAND RAPIDS | M | I | 49525 | | | | | | | | | | -, | filed by One | Reporting | Perso | n |
| KAFIDS | | | | | | | | | | | | Form Perso | n filed by More than One Reporting on | | | rting | |
| (City) | (SI | ate) (| (Zip) | | | | | | | | | | | | | | |
| | | Tab | le I - Non-I | Derivat | ive S | ecuriti | ies A | cquired, C | Dispo | sed (| of, or Be | eneficia | lly Owne | d | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | ate | Execution Date | | | Code (Instr. 5) | | | | Benefic Owned | ies cially Following | 6. Ownersh Form: Dire (D) or Indir (I) (Instr. 4) | ect | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | Code | V A | Amount | (A) (D) | Price | Reporte Transa (Instr. 3 | ction(s) | | | (Instr. 4) |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | |
| | | | (e. | .g., put | s, cal | ls, wa | rrant | s, options | , cor | nverti | ble seci | urities) | | | | | |
| 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) | Co | Transaction Code (Instr. | | vative urities uired or oosed o) tr. 3, 4 | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Securi (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | (D) irect | Beneficial Ownership (Instr. 4) | |
| | | | | Co | de V | (A) | (D) | Date Exercisable | Expii Date | ration | Title | Amount or Number of Shares | | | | | |
| Phantom Stock Units | (1) | 12/29/2017 | | A | A | 39 | | (2) | (| (2) | Common Stock | 39 | \$37.62 | 18,688 | Г | | |

Explanation of Responses:

- 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.

Remarks:

Christina A. Holderman, Attorney-in-Fact for Donald L. 01/03/2018 <u>James</u>

** 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.