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

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Washington.	D.C.	20549)

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL **OWNERSHIP**

	OMB APPROVAL							
	OMB Number:	3235-0362						
	Estimated average burd	en						
l	hours per response:	1.0						

Form 3 Holdings Reported.

Instruction 1(b)

Form 4	1 Transactions	Reported.	Fil	ed pursuant t or Sectio					urities Exch Company A									
1. Name and Address of Reporting Person* MISSAD MATTHEW J				2. Issuer Name and Ticker or Trading Symbol UNIVERSAL FOREST PRODUCTS INC							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					Owner		
(Last) (First) (Middle) 2801 EAST BELTLINE, N.E.				3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2011									X Officer (give title below) Other (specify below) Chief Executive Officer					
(Street) GRAND RAPIDS MI 49525					4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(S		(Zip)															
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year)		2A. Deemed Execution D	2A. Deemed Execution Date, if any		3. Transaction Code (Instr.		ed, Disposed of, or Benefic 4. Securities Acquired (A) or Dispose Of (D) (Instr. 3, 4 and 5)				5. Amount of Securities Beneficially		6. Ownership Form: Direct		7. Nature of Indirect Beneficial			
				(Month/Day	(Month/Day/Year)		8)		unt	nt (A) or (D) Price		Owned a Issuer's Year (Ins 4)		Fiscal	(D) or Indirect (I) (Instr. 4)		Ownership (Instr. 4)	
Common	Common Stock												28,052		D			
Common Stock		12/31/2011				J		5	D	(1)		2,564		I I		P/S Plan		
Common Stock												1,000				By Children		
Common Stock		12/15/2011			A			45 A		\$28.73		3,074				Def Com Interest		
Common Stock												1,612		I B		By LLC		
		T	able II - Deriva (e.g., p	tive Secu outs, calls									Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execution Date, Transaction of E		Expirati	re Exercisable and ation Date Amount of Securities Underlying Derivative Secur (Instr. 3 and 4)			of es ing /e Securi	8. Price o Derivative Security (Instr. 5)		9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s ully	10. Ownersh Form: Direct (D) or Indirec (I) (Instr.	Benefic Owners t (Instr. 4			
					(A)	(D)	Date Exercis	able	Expiration Date	Amount or Number of Shares								
Phantom Stock Units	(2)	12/15/2011		A	102		(3)		(3)	Common Stock	102		\$28.72	7,153	3	D		
Phantom Stock	(2)	12/15/2011		Α	14		(4)		(4)	Common	1 14		\$28.66	980		D		

Explanation of Responses:

- 1. Reflects non-discretionary transactions affected in account pursuant to the terms of the Company's Profit Sharing and 401(k) Retirement Plan.
- 2. 1-for-1

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.

/s/ Christina A. Holderman, Atty-in-Fact for Matthew J.

02/01/2012

Missad

** 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.