| SEC Form 4 |
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Phantom

(1)

Explanation of Responses:

Stock Units

1. 1 for 1

retirement. Remarks:

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL
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). | STATE |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* Tutas David A. | | | | | 2. Issuer Name and Ticker or Trading Symbol <u>UFP INDUSTRIES INC</u> [UFPI] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owne | | | | | |
|---|---|--|-----------------|---------|--|---|--------------------------------------|-------|---------|---|--|--------------------|---|--|--|-----------------------------------|--|---------------------------------------|
| (Last) | (F | , | (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 09/29/2023 | | | | | | | below) | | Other (specify below) ff, Gen Csl, Secty | | | | |
| (Street) GRAND RAPIDS MI 49525 | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. I Lin | e) X Form Form | ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| (City) | (S | tate) | (Zip) | | Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | | | | | |
| | | Tab | le I - No | n-Deriv | ative S | ecurities A | cquire | ed, I | Disp | osed | of, o | r Ben | eficia | ly Owne | d | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Dat | | | | | | | Transaction Dispo Code (Instr. 5) | | Dispose | urities Acquired (A) sed Of (D) (Instr. 3, | | (A) or 3, 4 and | I Securitie Benefici Owned I | 5. Amount of Securities Beneficially Owned Following | | r Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | de | v | Amount | | (A) or (D) | Price | Reporte Transac (Instr. 3 | ion(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) | Execution Date, | | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | Expiration Date (Month/Day/Year | | | | e and 7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4) | | | 8. Price of Derivative Security (Instr. 5) ty 8. Price of Security (Instr. 5) 9. Reneficia Owned Following Reported Transactia (Instr. 4) | | s Ily | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |

Date Exercisable

(2)

(D)

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

(A)

7

Expiration Date

(2)

Title

Commo

Stock

<u>/s/ Katherine L. Karel,</u> <u>Attorney-In-Fact for David A.</u> <u>10/02/2023</u> <u>Tutas</u>

\$102.4

18.281

D

** Signature of Reporting Person Date

Amount or Number

of Shares

7

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).

09/29/2023

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Code V

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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.