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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/ashington,	D.C.	20549	

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL								
	OMB Number:	3235-0362							
	Estimated average	burden							
1	hours per response	1 0							

Instruction 1(b)

Form 3	3 Holdings Rep	orted.												1100	io pei i	соропос.		1.0	
Form 4	1 Transactions	Reported.	Fil	ed pursuant t or Section					urities Excha Company A										
1. Name and Address of Reporting Person* MISSAD MATTHEW J					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								
(Last) (First) (Middle) 2801 EAST BELTLINE, N.E.					3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/26/2009								X Officer (give title Other (specify below) Executive Vice President						
(Street) GRAND RAPIDS	4. If Ame	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										
(City)	(S		(Zip)																
			le I - Non-Deri	1		1	cquire		-	•									
, , , , , , , , , , , , , , , , , , ,		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr.					5. Amount of Securities Beneficially Owned at end of		s ally	6. Ownership Form: Direct (D) or		7. Nature of Indirect Beneficial Ownership				
			(monan buy	nonui/Day/Teal) o		6)		unt	(A) or (D)	Price		Issuer's Fiscal Year (Instr. 3 and 4)		Indirect (I)		(Instr. 4)			
Common Stock												27,	,652		D				
Common	nmon Stock 12/26/2009			J		J		25 D (1)			1,581			I b		by P/S Plan			
Common	Stock												1,000 I by		by C	hildren			
Common	Common Stock 12/15/2009			A			7 A \$37.		72	2 1,007					Comp				
		Ta	able II - Deriva (e.g., p	itive Secu outs, calls			•	•	•	•		•	Owned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	cise (Month/Day/Year) if any (Month/Day/Year) 8 Code (Instr. Securities Acquired (Month/Day/Year)		ate	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(s) (Instr. 4)		Ownership Form: Direct (D)		1. Nature f Indirect eneficial wnership nstr. 4)						
					(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amou or Numb of Share	er							
Phantom Stock Units	(2)	12/15/2009		A	39		(3)		(3)	Common Stock 39			\$37.72	6,324		D			
Phantom Stock	(2)	12/15/2009		A	A 7		(4))	(4)	Commo	Common 7		\$37.72	955	5 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.
- 3. The phantom stock units were accrued under the Company's Deferred Compensation Plan and are payable in cash or 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 cash or shares of the Company's common stock until the reporting person's death, disability or retirement.

/s/ Christina A. Holderman, as Attorney in Fact for Matthew J. 02/03/2010 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.