FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, D | D.C. | 20549 |
|---------------|------|-------|
|---------------|------|-------|

| STATEMENT OF (| CHANGES IN BENEFI | ICIAL OWNERSHIP |
|----------------|-------------------|-----------------|

| | OMB APPROVAL | | | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | |
| l | Estimated average burden | | | | | | | | |
| l | hours per response: | 0.5 | | | | | | | |

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* Tutas David A. | | | | UN | 2. Issuer Name and Ticker or Trading Symbol UNIVERSAL FOREST PRODUCTS INC UFPI | | | | | | | | Check a | ıll appl Direct | cable) | ing Person(s) to Issuer 10% Owner Other (specify | | vner | |
|---|--|--|---|----------------|--|-----|---------|---|--|------------------|---------------------------|--|--|---|---|--|---|--|---|
| (Last) (First) (Middle) 2801 EAST BELTLINE NE | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/28/2019 | | | | | | | | Λ | below |) | f, Ge | below) | ` ´ | |
| (Street) GRAND RAPIDS | AND MI 49525 | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | i. Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | | | | |
| | | Tab | le I - Non | -Deriva | ative | Sec | curiti | es A | cquired, | Dis | posed | of, or Be | enefici | ally O | wne | d | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | Execution Date | | | Code (I | Transaction Disposed Of (D) (Instr. 3, 2) Code (Instr. 5) | | | red (A) or str. 3, 4 a | and Securiti Benefic Owned Reporte | | ies For ially (D) Following (I) (| | n: Direct r Indirect istr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | Code | v | Amount | (A) or (D) Price | | | Transaction(s) (Instr. 3 and 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) | 3A. Deemed Execution I if any (Month/Day | Date, T | ransaction Code (Instr. | | n of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4) | | Deriv Secu (Insti | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership t (Instr. 4) |
| | | | | c | ode | v | (A) | (D) | Date Exercisable | | opiration | Title | Amount or Number of Shares | | | | | | |
| Phantom Stock Units | (1) | 06/28/2019 | | | A | | 20 | | (2) | | (2) | Common Stock | 20 | \$38 | 3.06 | 15,169 | | D | |

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:

/s/ Christina A. Holderman, Attorney-In-Fact for David A. 07/02/2019 **Tutas**

** 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.