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

Washington.	D.C.	20549	

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL **OWNERSHIP**

OMB APPRO	JAVC						
OMB Number:	3235-0362						
Estimated average burden							
hours per response:	1.0						

Form 3 Holdings Reported

Instruction 1(b)

Form 4	1 Transactions	Reported.	Fi	led pursuant to or Section	o Sec on 30(l	tion 16 n) of th	6(a) of the ne Investm	Seci nent	urities Exch Company A	ange Act	of 1 0	.934								
1. Name and Address of Reporting Person* <u>GLENN MICHAEL B</u>				or Section 30(h) of the Investment Company Act of 1940 2. Issuer Name and Ticker or Trading Symbol UNIVERSAL FOREST PRODUCTS INC [IEFI]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner								
(Last) (First) (Middle) 2801 EAST BELTLINE, N.E.				3. Statem	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/27/2008									X Officer (give title Other (specify below) Chief Executive Officer						
(Street) GRAND RAPIDS (City)	M		49525 (Zip)	4. If Amer	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							
		Tab	le I - Non-Deri	vative Sec	uriti	es A	cquire	d, D	isposed	of, or	Bei	neficia	lly Own	ed						
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any		3. Transaction Code (Instr.		4. Securities Acquired (A) or Dispose			sposed			6. Ownership Form: Direct (D) or		7. Nature of Indirect Beneficial Ownership					
			(Monthibay)	(Month/Day/Year)		A	Amount		(A) or (D)	Price		Issuer's Fiscal Year (Instr. 3 and 4)		Indirect (I) (Instr. 4)		(Instr. 4)				
Common	Stock	Stock								116,277			D							
Common	Common Stock		02/25/2008				P		184		\$28.53		9,206		I		by Wife's IRA			
Common	ommon Stock		12/27/2008				J	490		A (1)		(1)	31	,919		I by P/S Plan				
Common Stock											9,800		I		by Foundation					
Common Stock										51,000		I		by GRAT						
		T	able II - Deriva (e.g., p	tive Secu									Owned	I						
1. Title of Derivative Security (Instr. 3)	of 2. 3. Transaction 3A. Deemed 4. 5. Number of Expiration Date 5. Variable of Expiration Date 5. Ode (Instr. Derivative (Month/Day/Year) 1. Derivative (Mo		ite Amount of				8. Price of Derivative Security (Instr. 5)		ve es ially ng ed ction(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		11. Nature of Indirect Beneficial Ownership (Instr. 4)								
					(A)	(D)	Date Exercisa	ıble	Expiration Date	Title		Amount or Number of Shares	er							
Phantom Stock Units	(2)	12/15/2008		A	3		(3)	(3)		Comm		3	\$21.91	639		D				
Phantom										Comm	, l									

Explanation of Responses:

(2)

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

Stock

Units

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)

Stock

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

/s/ Michael B. Glenn

01/21/2009

8 801

\$21 91

** 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).

12/15/2008

** 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.