FORM 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Machineton	D C	20540
Vashington,	D.C.	20549

Check this box if no longer subject to	
Section 16. Form 4 or Form 5	
obligations may continue. See	
Instruction 1(b).	

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-0362							
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Form 3 Holdings Reported.

Form 4 Transactions Reported.

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

U FORM 2	+ ITAIISACIIOIIS	керопеи.		or Section	n 30(ł	ı) of th	ne Invest	ment	Company A	ct of 1940)								
1. Name and Address of Reporting Person*				2. Issuer Name and Ticker or Trading Symbol UNIVERSAL FOREST PRODUCTS INC								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
MORDELL MICHAEL F				UFPI]								Director					Owner		
(Last)	(F	irst) (Middle)	_ 0111]										r (give title ')	9	Other (specify below)			
2801 EAST BELTLINE NE					3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) Exec VP International Ops 12/28/2019											ps			
(Street)				4. If Amei	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
GRAND RAPIDS	M	I	49525											X Form filed by One Reporting Person					
				-									Form filed by More than One Reporting Person						
(City)	(5)	tate)																	
		Tab	le I - Non-Deri	vative Sec	uriti	es A	cquire	ed, D	isposed	of, or	Benefic	ially	Owne	d					
`` ' ı		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr.		4. Securities Acquired (A) or Dispos Of (D) (Instr. 3, 4 and 5)			or Dispose	5. Amount of Securities Beneficially Owned at end of		s ally	6. Ownership Form: Direct (D) or		7. Nature of Indirect Beneficial Ownership			
			(Month/Day	(Month/Day/Year)		8)		unt	(A) or (D) Price			Issuer's Year (Ins 4)	Fiscal Ìndi		ect (I)	nstr. 4)			
Common Stock								ĺ			3,5	,561		D					
Common Stock		12/15/2019		A		A		186	A	\$48.19	\$48.19		19,620		I	Def Comp Interest			
		Та	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	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year) (Month/Day/Year) 3A. Deemed Execution Date, if any (Month/Day/Year) 4. Transaction Code (Instr. 8) 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		ate	7. Title a Amount Securiti Underly Derivati (Instr. 3	of es ing ve Security	8. Price of Derivative Security (Instr. 5)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownersh Form: Direct (D or Indirec (I) (Instr.	Beneficial Ownership t (Instr. 4)						
					(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amoun or Numbe of Shares								
Phantom Stock Units	(1)	12/15/2019		A	678		(2))	(2)	Commo Stock	n 678		\$48.19	71,60	7	D			
Phantom Stock	(1)	12/15/2019		A	33		(3)		(3)	Commo	n 33		\$48.19	3,453	3	D			

Explanation of Responses:

1 1-for-1

Units

- 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.
- 3. 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

Remarks:

Christina A. Holderman, Attorney-in-Fact for Michael F. 01/30/2020 Mordell

** 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.