FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

| 1. Name and Address of Reporting Person* WEBSTER PATRICK M | | | | | <u>U</u> | 2. Issuer Name and Ticker or Trading Symbol UNIVERSAL FOREST PRODUCTS INC UFPI | | | | | | | | | | heck | all appl Direct | licable) | | Person(s) to Issuer 10% Owner | |
|---|---|--|---|---------|---------------------------------|--|------------|------------------|--|----------|-------|-------------------|--|-------------------------|--|--|--|--|--|---|--|
| (Last) (First) (Middle) 2801 EAST BELTLINE NE | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/30/2010 | | | | | | | | | | X | below |) ` | Other (specify below) | | эреспу |
| (Street) GRAND RAPIDS MI 49525 (City) (State) (Zip) | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | S. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | | le I - Nor | n-Deriv | /ativ | e Se | curiti | es A | cau | uired. I | Disi | posed (| of. o | r Bei | neficia | allv | Owne | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | saction | ction 2A. Deemed Execution Date | | | te, | 3. 4. Se Transaction Disp Code (Instr. 5) | | | rities / | Acquire | ed (A) or tr. 3, 4 a | A) or 5. Ar , 4 and Secu Bene Own | | Amount of curities neficially ned Following | | n: Direct | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | | Code | v | Amount | Amount (A) or (D) | | Price | | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) |
| Common Stock | | | | | | | | | | | | | | | | 22,137 | | | D | | |
| Common Stock | | | | | | | | | | | | | | | 3 | | 3,010 | | I | Def Comp Interest | |
| | | Т | able II - | | | | | | | | | sed of onverti | | | | у О | wned | | | ' | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Da | Date, | 4. Transa Code 8) | | of | | 6. Date Exercisable Expiration Date (Month/Day/Year) | | | | Amount of | | | De Se | 3. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | Owner: Form: Direct or Indii (I) (Inst | Ownership | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | Code | v | (A) | (D) | Dat Exe | ite ercisable | Expiration e Date | | Title | | Amount or Number of Shares | | | | | | | | |
| Phantom | | | | | | | | | | | | | | | | | | | | | |

Explanation of Responses:

(1)

1. 1-for-1

Stock 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.

> /s/ Christina A. Holderman, as Attorney in Fact for Patrick M. 07/01/2010 Webster

21,026

** Signature of Reporting Person Date

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Common

Stock

(2)

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).

06/30/2010

** 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.