| SEC Form 4 | |
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

| OMB APPR | 3235-0287 | | | | |
|-----------------------|-----------|--|--|--|--|
| OMB Number: | 3235-0287 | | | | |
| Estimated average but | rden | | | | |
| hours per response: | 0.5 | | | | |

| 1 | Idress of Reporting F | | 2. Issuer Name and Ticker or Trading Symbol <u>UNIVERSAL FOREST PRODUCTS INC</u> [| | ationship of Reporting Pe (all applicable) | | | | |
|--------------------------|-----------------------|----------|--|-------|--|-----------------------|--|--|--|
| | | | ufpi] | | Director | 10% Owner | | | |
| (Last) | (First) | (Middle) | upr] | x | Officer (give title below) | Other (specify below) | | | |
| | | , | 3. Date of Earliest Transaction (Month/Day/Year) | I | Chief Executiv | vo Officor | | | |
| 2801 EAST BELTLINE, N.E. | | | 12/16/2011 | | Chief Executive Officer | | | | |
| (Street) | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | vidual or Joint/Group Fili | ng (Check Applicable | | | |
| GRAND | | | | Line) | | | | | |
| RAPIDS | MI | 49525 | | X | Form filed by One Re | porting Person | | | |
| | | | — | | Form filed by More th Person | an One Reporting | | | |
| (City) | (State) | (Zip) | | 1 | | | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| Table 1- Non-Derivative Securities Acquired, Disposed of, or Denenciary Owned | | | | | | | | | | | |
|---|--|---|---|---|--------|---------------|-------|---|---|---|--|
| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | | | | | 5. Amount of Securities Beneficially Owned Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | Code | v | Amount | (A) or (D) | Price | Reported Transaction(s) (Instr. 3 and 4) | | (Instr. 4) | |
| Common Stock | 12/16/2011 | | Р | | 1,612 | A | \$20 | 1,612 | I | By LLC | |
| Common Stock | | | | | | | | 28,052 | D | | |
| Common Stock | | | | | | | | 2,569 | I | By P/S Plan | |
| Common Stock | | | | | | | | 1,000 | I | By Children | |
| Common Stock | | | | | | | | 3,029 | I | Def Comp Interest | |

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 Date, if any (Month/Day/Year) | 4. Transa Code (8) | | of | | 6. Date Exerc Expiration Da (Month/Day/Y | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | Derivative Security | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
|---|---|--|---|------------------------------|---|-----|-----|--|---|-------|--|--|---|--|--|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

/s/ Christina A. Holderman,

Attorney in Fact for Matthew J. <u>12/19/2011</u> Missad

<u>IVIISSau</u>

** 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.