Instruction 1(b)

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 APPROVAL | | | | | | | | | | |
|---------------------|-----------|--|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0362 | | | | | | | | | |
| Estimated average b | urden | | | | | | | | | |

| Form 3 | Holdings Rep | orted. | | | | | | | | | | | | 11100 | io pei i | соропос. | 1.0 |
|--|---|--|---|---|---|---|--------------------|------|-----------------------------|---------------------------|--|--|-------|----------------------------|------------|---|--|
| _ | Transactions | | Fil | ed pursuant t or Sectio | | | | | urities Excha Company Ac | | | | | | | | |
| 1. Name and Address of Reporting Person* <u>COLE MICHAEL R</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol UNIVERSAL FOREST PRODUCTS INC | | | | | | | 5. Relationship of Reporting Perso (Check all applicable) Director | | | | | Owner |
| (Last) (First) (Middle) | | | | | - | | | | | | (02r) | X | below | | | ′ | |
| 2801 EAST BELTLINE, N.E. | | | | | 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2003 | | | | | | ieai) | | | Jillet Fill | ancia | 1 Office | L |
| (Street) GRAND RAPIDS MI 49525 | | | | 4. If Amei | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | 6. Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (City) | (Si | tate) (| (Zip) | | reson | | | | | | | | | | | | |
| | | Tab | le I - Non-Deri | vative Sec | curiti | es A | cquire | d, D | isposed | of, or I | 3enefici | ally (| Owne | d | | | |
| Date (Month/Day/Year) | | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | | | | or Disposed | S | 5. Amount of Securities Beneficially Owned at end of | | Ownership Form: Direct | | 7. Nature of Indirect Beneficial Ownership | |
| | | | (Monangay | , reary to | | | Amo | unt | (A) or (D) | | | Issuer's Fiscal Year (Instr. 3 and 4) | | Indirect (I) (Instr. 4) | | (Instr. 4) | |
| Common Stock | | | | | | | | | | | | | 9,616 | | D | | |
| Common | Stock | | 12/31/2003 | | | J | 3 | | D | \$0 ⁽¹⁾ | \$0 ⁽¹⁾ | | 6,242 | | I P/S Plan | | |
| | | Ta | able II - Deriva (e.g., p | tive Secu outs, calls | | | | | | | | | wned | | | | |
| 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. Transaction Code (Instr. 8) | of Deriv | vative rities nired r osed) | ities red sed 3, 4 | | n Date Amount of | | of es ing ve Security | 8. Price of Derivative Security (Instr. 5) | | | | 10. Ownersh Form: Direct (D or Indirec (I) (Instr. | Beneficial Ownership ct (Instr. 4) |
| | | | | | (A) | (D) | Date Exercisa | able | Expiration Date | Title | Amount or Number of Shares | | | | | | |
| Phantom Stock | ¢n ⁽²⁾ | 12/15/2003 | | Δ | 1 | | (3) | | (3) | Commo | n 1 | \$30.02 | | 257 | | Д | |

Explanation of Responses:

- 1. Shares disposed of during 2003 pursuant to the Company's Profit Sharing and 401(k) Retirement Plan
- 2. 1-for-1

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.

/s/ Michael Cole 01/20/2004

** 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.