FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | |
|---------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| Estimated average b | ourden | | | | | | | |

0.5

hours per response:

Check this box if no longer subject to 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

| 1. Name and Address of Reporting Person* GLENN MICHAEL B | | | | | U | 2. Issuer Name and Ticker or Trading Symbol UNIVERSAL FOREST PRODUCTS INC [UFPI] | | | | | | | | (Ch | Officer (give title | | | | Owner r (specify |
|---|---|--|---|----------------------------------|---|--|---------------|--|------------------|--|--|---------|---------|--|---|---|--|--|---------------------|
| (Last) (First) (Middle) 2801 EAST BELTLINE, N.E. | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/24/2006 | | | | | | | | | President and COO | | | | | |
| (Street) GRAND RAPIDS (City) | M. | | 19525 Zip) | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Line | Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | Tabl | e I - No | on-Deriv | ative | Sec | uritie | s Ac | quirec | l, Di | sposed o | f, or I | 3ene | icial | y Owne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Tr | | | Date | ransaction e nth/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | | 4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 a 5) | | | | 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) (D) | r Pri | ce | Reported Transact (Instr. 3 | ion(s) | | | (Instr. 4) |
| Common Stock | | | 03/24/2006 | | | | | G | V | 1,600 | D | \$ | 64.2 | 2 153,344 | | | D | | |
| Common | Stock | | | | | | | | | | | | | | 8,9 | 912 | | I | By Trust |
| Common | Stock | | | | | | | | | | | | | | 31, | 833 | | | By P/S Plan |
| Common Stock | | | 03/24/ | | | | G | v | 1,600 | A | \$ | 64.2 | 2 6,400 | | | | By Foundation | | |
| Common | mon Stock | | | | | | | | | | | | | 309 | | | I | By Trust | |
| | | Та | ble II - | Derivat | ive S | ecui | ities warr | Acqu | ired, I optio | Disp | osed of, | or Be | nefic | ially es) | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Dee Executi if any (Month/ | med | 4. Transa | nsaction de (Instr. 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Exercisable Expiration Date | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Number of Title Shares | | r. 3 | 8. Price of Derivative Security (Instr. 5) 9. Numbe derivative Securitie Beneficia Owned Followin Reported Transacti (Instr. 4) | | e s Illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |

Explanation of Responses:

/s/ Michael B. Glenn

03/24/2006

** 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.