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

| Machinaton | $D \subset$ | 205/10 |
|-------------|-------------|--------|
| Washington, | D.C. | 20549 |

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL

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

| Form 3 | Holdings Repo | orted. | | | | • | | ٠٠. | ••• | | | | hou | ırs per r | esponse: | 1.0 | |
|---|---|--|---|---|---|---|---|-----------------|--|---------|--------------------------------|---|--|---|---|---------------------------------------|--|
| Form 4 | Transactions I | Reported. | Fil | ed pursuant t or Sectio | | | | | urities Excha Company Ad | | | | | | | | |
| 1. Name and Address of Reporting Person* <u>Klyn Ronald G</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol UNIVERSAL FOREST PRODUCTS INC | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | |
| (Last) (First) (Middle) 2801 EAST BELTLINE NE | | | | 3. Statem | 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/29/2007 | | | | | | | X Officer (give title Other (specify below) Chief Information Officer | | | | | |
| (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 ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | | le I - Non-Deri | vative Sec | uriti | es A | cauire | od D | isnosed | of or l | Reneficia | ally Owne | -d | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year) | | 2A. Deemed Execution Date, if any | | 3. Tran | 3. Transaction Code (Instr. | | ecurities Acq D) (Instr. 3, 4 | uired (A) | | _ | nt of es ally | 6. Owner Form | ership I : Direct E | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | (monangay | ,,,,,, | " | 3, | | ount | (A) or (D) | Price | Issuer's | Issuer's Fiscal Year (Instr. 3 and | | | (Instr. 4) | | |
| Common | Stock | | | | | | | | | | 8,3 | 8,263 D | | | | | |
| Common Stock | | 12/29/2007 | | | | J | 185 | | A | (1) | 13, | ,519 | | I l | y P/S Plan | | |
| Common Stock | | | | | | | | | | | 2,072 | | I b | | y Trust | | |
| | | Ta | able II - Deriva (e.g., p | tive Secu outs, calls | | | | | | | | y 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) | 4. Transaction Code (Instr. 8) | of Deriv | rative rities nired r osed) | 6. Date Exercisable ar Expiration Date (Month/Day/Year) | | Amount of Securities Underlying Derivative Securi (Instr. 3 and 4) | | 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. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4 | Beneficial Ownership (Instr. 4) | |
| | | | | | (A) (D | (D) | Date Exercis | Expiration Date | | Title | or Number of Shares | | | | | | |
| Phantom | (2) | 12/15/2007 | | Λ | | | (3) | | (3) | Commo | n , | ¢47 | 227 | , | D | | |

Explanation of Responses:

- 1. Reflects non-discretionary transactions affected in account pursuant to the terms of 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.

<u>/s/ Ronald G. Klyn</u> <u>02/06/2008</u>

** Signature of Reporting Person Date

 $Reminder: Report \ on \ a \ separate \ line \ for \ each \ class \ of \ securities \ beneficially \ owned \ directly.$

- * 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.