FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, D.C. 20549 |
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| Check this box if no longer subject to | S |
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| Section 16. Form 4 or Form 5 | |
| obligations may continue. See | |
| Instruction 1(b). | |

TATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROV | ΆL | | | | | | | | |
|--------------------------|----------|--|--|--|--|--|--|--|--|
| | 235-0287 | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| hours per response: | | | | | | | | | |

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* Worthington Scott A | | | | | 2. Issuer Name and Ticker or Trading Symbol UFP INDUSTRIES INC [UFPI] | | | | | | | | | | k all appli Directo | cable) | ng Per | rson(s) to Is 10% O | wner | |
|--|--|--|---|--------|--|---|---------|---------|--|---|--------|--------------|---|--|------------------------------------|--|--|---|-------------------------------|--|
| (Last) (First) (Middle) 2801 E BELTLINE AVE NE | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/29/2021 | | | | | | | | | X | below) |) " | below) | | · |
| (Street) GRAND RAPIDS | N/I | I · | 49525 | | 4. If | f Ame | endment | t, Date | e of O | Original F | iled | (Month/D | ay/Year) | | Indiv ne) X | Form | filed by On | e Rep | ng (Check A porting Person | on |
| (City) | (Si | tate) | (Zip) | | | | | | | | | | | | | | | | | |
| | | Tab | le I - Non- | -Deriv | ative | Se | curitie | es Ac | cqui | ired, C | Pisp | osed | of, or Be | neficia | ally | Owne | d | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | Execution Date, | | | 9, | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4) 5) | | | | 4 and Securities Form: D | | | n: Direct or Indirect | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | - | Code V | | Amount | (A) o (D) | (A) or (D) Price | | Transaction(s) (Instr. 3 and 4) | | | | (IIISu. 4) | |
| | 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. Transaction Code (Instr. 8) | | n of | | Exp | 6. Date Exercisal Expiration Date (Month/Day/Year | | | Amount o Securities Underlyin Derivative | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | Price of erivative ecurity estr. 5) | 9. Numbe derivative Securities Beneficial Owned Following Reported Transactie (Instr. 4) | Ownershi Form: Direct (D) or Indirect (I) (Instr. 4 | | Beneficial Ownership tt (Instr. 4) |
| | | | | | Code | v | (A) (D) | | Date Exe | | | opiration | Title | Amount or Number of Shares | | | | | | |
| Phantom Stock Units | (1) | 01/29/2021 | | | A | | 27 | | | (2) | | (2) | Common Stock | 27 | | \$53.94 | 12,39 | 6 | D | |

Explanation of Responses:

Remarks:

Christina A. Holderman, Attorney In Fact for Scott A 02/01/2021 Worthington

** 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.

^{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