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,	$D \subset$	205/10
wasiiiigton,	D.C.	20549

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL

OWNERSHIP

washington, D.C. 20049

	OMB APP	IB APPROVAL						
	OMB Number:	3235-0362						
l	Estimated average b	urden						

Instruction 1(b)

Form 3	B Holdings Rep	orted.											llion	irs per i	esponse.	1.0
Form 4	1 Transactions	Reported.	Fil	ed pursuant t or Sectio					urities Excha Company A							
1. Name and Address of Reporting Person* <u>UHLIG-EASTIN CHAD C.</u>					2. Issuer Name and Ticker or Trading Symbol UNIVERSAL FOREST PRODUCTS INC [UFPI]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner				
(Last) 2801 EA	(Fi	,	(Middle)		3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/30/2017							X Officer (give title below) Other (specify below) Exec Vice Pres Purchasing				
(Street) GRAND RAPIDS (City)	M	4. If Amer	4. If Amendment, Date of Original Filed (Month/Day/Year)							Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
		Tab	la I. Nan Dari	vativo Soc	riti	0C A	cauiro	'Y D	icpocod	of or I	Popofici	ally Owns	d			
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.		ed, Disposed of, or Benefic 4. Securities Acquired (A) or Dispose Of (D) (Instr. 3, 4 and 5)						Ownership Form: Direct		7. Nature of Indirect Beneficial Ownership	
			(World II/Day)	(Month/Day/Year)		6)		unt	(A) or (D) Price		Issuer's	Issuer's Fiscal Year (Instr. 3 and			(Instr. 4)	
Common	Stock											3,	097	D		
Common	Stock		12/15/2017				A	50 A \$3		\$38.15	11,	11 330		Def Comp Interest		
Common	Stock		12/30/2017				J		18	A	(1)) 3,532 I 4		401(k) Plan		
		Та	able II - Deriva (e.g., p	tive Secu outs, calls												
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	rative rities nired r osed)			oiration Date An onth/Day/Year) Se Un De		of es	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	e s ally g	10. Ownersh Form: Direct (D or Indirec (I) (Instr.	Beneficial Ownership tt (Instr. 4)
					(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amount or Number of Shares	ber				
Phantom Stock Units	(2)	12/15/2017		A	74		(3)		(3)	Common Stock	74	\$38.17 18,865		55	D	
Phantom Stock	(2)	12/15/2017		A	3		(4)		(4)	Commo	1 3	\$38.15	681		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.
- 3. 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 retirement.
- 4. The phantom stock units were accrued under the Company's Deferred Stock Bonus Plan and are payable in shares of the Company's common stock until the reporting person's death, disability or retirement.

Remarks:

Christina A. Holderman, 01/12/2018 Attorney-in-Fact for Chad C. **Uhlig-Eastin**

** Signature of Reporting Person

Stock

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.