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

ANNUAL STATEMENT OF CHANGES IN BENEFICIA
OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-0362							
Estimated average burden								

Form 3	Holdings Rep	orted.											lliou	rs per r	esponse.	1.0	
Form 4	1 Transactions	Reported.	Fil	led pursuant t or Sectio					urities Excha Company Ad		f 1934						
1. Name and Address of Reporting Person* GREENE CHARLES SCOTT					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) (First) (Middle) 2801 EAST BELTLINE, N.E.					3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/29/2007							X Officer (give title below) Other (specify below) President, UFP Eastern Div.					
(Street) GRAND RAPIDS MI 49525				4. If Amei	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					
(City)	(S		Zip)	vative Sec	·uriti		cauire	4 D	lienoead	of or F	Ronoficia	ully Owne					
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year)			2A. Deemed Execution I	2A. Deemed Execution Date, if any		nsaction le (Instr.	4. Securities Acquired (A) or Dispo Of (D) (Instr. 3, 4 and 5)				5. Amou Securitie Benefici	nt of es ally		rship II : Direct B	7. Nature of Indirect Beneficial		
				(Month/Day/Year)		ar) 8)		Amo	ount	(A) or (D) Price		Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)		(D) or Indirect (I) (Instr. 4)		Ownership (Instr. 4)	
Common Stock												31,	31,734		D		
Common Stock 12/29			12/29/2007		J		J		279	A (1)		4,409			I b	y P/S Plan	
Common Stock											286		I b	y IRA			
		Ta	able II - Deriva (e.g., p	itive Secu outs, calls								y Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Date (Month/Day/Year) if	if any	4. Transaction Code (Instr. 8)	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)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)		
					(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amount or Number of Shares						
Phantom Stock Units	(2)	12/15/2007		A	70		(3)		(3)	Common Stock	70	\$47	21,20	7	D		
Phantom Stock	(2)	12/15/2007		A	10		(4)		(4)	Common	10	\$47	3,264	4]	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 cash or 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 Stock Bonus Plan and are payable in cash or shares of the Company's common stock until the reporting person's death, disability or retirement.

/s/ Christina A. Holderman as attorney-in-fact for Charles S. Greene

02/08/2008

** 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.