FORM 3

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

## 3235-OMB Number: 0104 INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF Estimated average burden **SECURITIES** 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

	Address of Repartment of Address of Address of Repartment of Address of Address of Repartment of Address of Addre	porting Person*	2. Date of Requiring (Month/Da 02/13/20	Statement y/Year)	3. Issuer Name and Ticker or Trading Symbol  UFP INDUSTRIES INC [ UFPI ]					
(Last) (First) (Middle) 2801 E. BELTLINE AVE NE					Relationship of Reporting Issuer (Check all applicable)	` '	Fil	5. If Amendment, Date of Original Filed (Month/Day/Year)		
(Street) GRAND RAPIDS MI 49525  (City) (State) (Zip)		_		Director  Officer (give title below)  VP, UFP Re	below)	specify 6.	6. Individual or Joint/Group Filing (Check Applicable Line)  Form filed by One Reporting Person  Form filed by More than One Reporting Person			
Table I - Non-Derivative Securities Beneficially Owned										
1. Title of Security (Instr. 4)				2. Amount of Securities Beneficially Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Common Stock					15,178	D				
Common Stock					2,446	I De		Def Comp Interest		
		(e. <u>ç</u>			e Securities Beneficia ints, options, converti					
, ,			2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Sec Underlying Derivative Sec (Instr. 4)		4. Conversion or Exercise Price of	ise Form:	6. Nature of Indirect Beneficial Ownership (Instr.	
		Date Exercisable	Expiration Date	1	Amount or Number of Shares	Derivative Security		5)		
Phantom Stock Units		(1)	(1)	Common Stock	2,581	(2)	D			

## **Explanation of Responses:**

1. 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.

2. 1-for-1

## Remarks:

/s/ Katherine L. Karel, Attorney in Fact for

02/26/2025

OMB APPROVAL

0.5

Landon C. Tarvin \*\* Signature of Reporting

Date

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

- $^{\star}$  If the form is filed by more than one reporting person, see Instruction 5 (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.