UHLIG-EASTIN CHAD C.

Form 5

Common

Stock

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215

 $\$ 0 \stackrel{(2)}{=} 3,747$

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12/29/2018

February 04, 2019

OMB APPROVAL FORM 5 **OMB** UNITED STATES SECURITIES AND EXCHANGE COMMISSION 3235-0362 Number: Washington, D.C. 20549 Check this box if January 31, Expires: no longer subject 2005 to Section 16. Estimated average ANNUAL STATEMENT OF CHANGES IN BENEFICIAL Form 4 or Form burden hours per 5 obligations OWNERSHIP OF SECURITIES response... 1.0 may continue. See Instruction Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, 1(b). Form 3 Holdings Section 17(a) of the Public Utility Holding Company Act of 1935 or Section Reported 30(h) of the Investment Company Act of 1940 Form 4 Transactions Reported 1. Name and Address of Reporting Person * 2. Issuer Name and Ticker or Trading 5. Relationship of Reporting Person(s) to Issuer UHLIG-EASTIN CHAD C. Symbol UNIVERSAL FOREST (Check all applicable) PRODUCTS INC [UFPI] (Middle) 3. Statement for Issuer's Fiscal Year Ended (Last) (First) Director 10% Owner Officer (give title Other (specify (Month/Day/Year) below) below) 12/29/2018 Exec Vice Pres Purchasing 2801 EAST BELTLINE NE (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Reporting Filed(Month/Day/Year) (check applicable line) GRAND RAPIDS. MIÂ 49525 _X_ Form Filed by One Reporting Person Form Filed by More than One Reporting (City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 1.Title of 2. Transaction Date 2A. Deemed 3. 4. Securities Acquired 5. Amount of 7. Nature of (Month/Day/Year) Execution Date, if Transaction Indirect Security (A) or Disposed of (D) Securities Ownership (Instr. 3) Code (Instr. 3, 4 and 5) Beneficially Form: Direct Beneficial (Month/Day/Year) (Instr. 8) Owned at end (D) or Ownership of Issuer's Indirect (I) (Instr. 4) Fiscal Year (Instr. 4) (A) (Instr. 3 and or 4) (D) Amount Price Common Â Â Â Â Â Â Â 3,993 (1) D Stock Def. Common 12/15/2018 Â A 147 12,801 I Comp. 25.69 Stock Interest

401k Plan

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

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SEC 2270 (9-02)

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)			6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Pri Deriv Secur (Instr
					(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Phantom Stock Units	Â	12/15/2018	Â	A	236	Â	(4)	(4)	Common Stock	236	\$ 2
Phantom Stock Units	Â	12/15/2018	Â	A	7	Â	(5)	(5)	Common Stock	7	\$ 2

Reporting Owners

Reporting Owner Name / Address	Relationships						
FB	Director	10% Owner	Officer	Other			
UHLIG-EASTIN CHAD C. 2801 EAST BELTLINE NE GRAND RAPIDS, MI 49525	Â	Â	Exec Vice Pres Purchasing	Â			

Signatures

Christina A. Holderman, Attorney-in-Fact for Chad C. Uhlig-Eastin

02/04/2019

**Signature of Reporting Person

Date

Explanation of Responses:

- * 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).
- (1) Accurately reflects his direct ownership shares of UFPI.
- (2) Reflects non-discretionary transactions affected in account pursuant to the Company's Profit Sharing and 401(k) Retirement Plan.
- (3) 1-for-1

(4)

Reporting Owners 2

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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.

(5) 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.

Note: File three copies of this Form, one of which must be manually signed. If space provided is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.