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COLEMAN	ROBERT D											
Form 4												
February 04	·								<u></u>			
FORM		STATES	SECU	DITIES			NCE	COMMISSION	т	PPROVAL		
Washington, D.C. 20549							INGE		OMB Number:	3235-0287	7	
Check th if no lon	ger									January 31 2005		
subject t		AENT OI	F CHAI	NGES IN BENEFICIAL OWNERSHIP O					Estimated		5	
Section 16. SECURITIES									burden hou	burden hours per		
Form 4 Form 5			Tanting .	16(a) af 41		i a T	Zer ala av	and A at af 1024	response	. 0.8	5	
obligatio								nge Act of 1934, of 1935 or Section	on			
may con	lunue.			nvestmen	•	-	•		011			
<i>See</i> Instr 1(b).	ruction	50(II)	or the h	livestillen	i Compai	1y 1 K		740				
1(0).												
(Print or Type	Responses)											
	Address of Reporting	Person [*]	2. Issue	er Name an	d Ticker or	Tradi	ng	-	of Reporting Per	Reporting Person(s) to		
COLEMA	N ROBERT D		Symbol	•				Issuer				
				UNIVERSAL FOREST			(Check all applicable)					
			PROD	PRODUCTS INC [UFPI]								
				. Date of Earliest Transaction				Director 10% Owner Officer (give title Other (specify				
2001 EAST	DEI TI INE NI	7		Month/Day/Year)			below) below)					
2001 EAST	F BELTLINE, N.I	L.	01/31/2	1/31/2019				Exec Vice Pres Manufacturing				
	(Street)		4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check				
			Filed(Mo	Filed(Month/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person				
	ADIDS MI 4052	-							More than One R			
GRAND R	APIDS, MI 4952:	5						Person		1 0		
(City)	(State)	(Zip)	Tab	ole I - Non-l	Derivative	Secu	rities A	cquired, Disposed	of, or Beneficia	lly Owned		
1.Title of	2. Transaction Date			3.	4. Securit				6. Ownership	7. Nature of		
Security	(Month/Day/Year)		Execution Date, if		nAcquired Disposed				Form: Direct (D) or Indirect	Indirect		
(Instr. 3) any (Month/Day/Year)		av/Year)	CodeDisposed of (D)/Year)(Instr. 8)(Instr. 3, 4 and 5)				•	(I) of maneet	Ownership			
		X			(- /	Following	(Instr. 4)	(Instr. 4)		
						(A)		Reported				
						or		Transaction(s) (Instr. 3 and 4)				
				Code V	Amount	(D)	Price	(
Reminder: Re	port on a separate line	e for each cl	ass of sec	urities bene	ficially ow	ned di	rectly o	or indirectly.				

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned
 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exercisable and	7. Title and Amount of	8. Price of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onNumber	Expiration Date	Underlying Securities	Derivative
Security	or Exercise		any	Code	of	(Month/Day/Year)	(Instr. 3 and 4)	Security

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(Instr. 3)	Price of Derivative Security	(Month/Day/Year)	(Instr. 8)	Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)				(Instr. 5)	
			Code V	(A) (D) Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Phantom Stock Units	<u>(1)</u>	01/31/2019	А	47	(2)	(2)	Common Stock	47	\$ 30.82

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer		Other			
COLEMAN ROBERT D 2801 EAST BELTLINE, N.E. GRAND RAPIDS, MI 49525			Exec Vice Pres	Manufacturing				
Signatures								
Christina A. Holderman, Attorr Coleman	ney-In-Fao	ct for Robert	D.	02/04/2019				

**Signature of Reporting Person

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).

Date

- (1) 1-for-1
- (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 retirement.

Note: File three copies of this Form, one of which must be manually signed. If space 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.