

UNIVERSAL FOREST PRODUCTS INC
 Form 3
 July 10, 2014

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,
 Section 17(a) of the Public Utility Holding Company Act of 1935 or Section
 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person *		2. Date of Event Requiring Statement	3. Issuer Name and Ticker or Trading Symbol	
Â West Jonathan E.		(Month/Day/Year)	UNIVERSAL FOREST PRODUCTS INC [UFPI]	
(Last)	(First)	(Middle)	07/01/2014	
2801 EAST BELTLINE NE			4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
(Street)			(Check all applicable)	
GRAND RAPIDS, Â MI Â 49525			<input type="checkbox"/> Director <input type="checkbox"/> 10% Owner	6. Individual or Joint/Group Filing(Check Applicable Line)
(City)	(State)	(Zip)	<input type="checkbox"/> Officer <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Form filed by One Reporting Person
			(give title below) (specify below)	<input type="checkbox"/> Form filed by More than One Reporting Person
			XVP UFP Eastern Div - South	

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	3,032	D	Â
Common Stock	1,116	I	401(k) Plan
Common Stock	2,777 ⁽¹⁾	I	Deferred Compensation Interest

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

SEC 1473 (7-02)

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

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security	4. Conversion or Exercise	5. Ownership Form of	6. Nature of Indirect Beneficial Ownership (Instr. 5)
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	Date Exercisable	Expiration Date	(Instr. 4) Title	Amount or Number of Shares	Price of Derivative Security	Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	
Phantom Stock Units	Â (2)	Â (2)	Common Stock	1,805	\$ 48.27	D	Â
Conditional Share Award	Â (3)	Â (3)	Common Stock	500	\$ (4)	D	Â
Conditional Share Award	Â (5)	Â (5)	Common Stock	500	\$ (4)	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
West Jonathan E. 2801 EAST BELTLINE NE GRAND RAPIDS, MI 49525	Â	Â	Â	XVP UFP Eastern Div - South Â

Signatures

/s/ Christina A. Holderman, Attorney-in-Fact for Jonathan E. West

07/10/2014

__Signature of Reporting Person

Date

Explanation of Responses:

- * 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).
 - (1) Represents grant of shares of restricted stock. The shares vest on the fifth anniversary of the grant date, subject to earlier vesting upon death, disability or retirement. Half of the shares are deliverable to the reporting person upon vesting; the balance of the shares are not issuable to the reporting person until subsequent retirement, death or disability.
 - (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.
 - (3) Each conditional share grant vests on the tenth anniversary of the grant date (January 16, 2017), conditioned upon the recipient's continued employment through that date.
 - (4) Each conditional share grant represents a contingent right to receive one share of the Company's common stock.
 - (5) Each conditional share grant vests on the tenth anniversary of the grant date (January 15, 2018), conditioned upon the recipient's continued employment through that date.

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.