COLEMAN ROBERT D

Form 5/A

February 04, 2013

OMB APPROVAL FORM 5

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 **OWNERSHIP OF SECURITIES** 5 obligations response... 1.0 may continue. See Instruction

OMB

5. Relationship of Reporting Person(s) to

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

2. Issuer Name and Ticker or Trading

Transactions Reported

1. Name and Address of Reporting Person *

COLEMAN ROBERT D			Symbol UNIVERSAL FOREST PRODUCTS INC [UFPI]				Issuer (Check all applicable)			
(Last)	(First) (I	(Mon	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2011				Director 10% Owner Officer (give title Other (specify below)			
2801 EAST	BELTLINE, N.E	Ξ.					Exec Vice Pres Manufacturing			
	(Street)	Filed	4. If Amendment, Date Original Filed(Month/Day/Year) 02/01/2012			6.	. Individual or Joint/Group Reporting (check applicable line)			
GRAND R	APIDS, MI 49	9525				_	C_Form Filed by C _Form Filed by M rson			
(City)	(State)	(qiZ)	able I - Non-De	rivative Sec	curitie	s Acquir	ed, Disposed of	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, any (Month/Day/Yea	Code	4. Securit (A) or Di (Instr. 3,	sposed	of (D)	5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	06/29/2011	Â	G	10,661	D	\$ 23.76	0	D	Â	
Common Stock	12/31/2011	Â	J	291	D	\$ <u>(1)</u>	20,627	I	P/S Plan	
Common Stock	06/29/2011	Â	G	10,661	A	\$ 23.76	66,552 (2)	I	By Trust	
Common Stock	12/15/2011	Â	A	45	A	\$ 28.73	3,074	I	Def Comp Interest	

Edgar Filing: COLEMAN ROBERT D - Form 5/A

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

SEC 2270 (9-02)

D

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 Exerc	cisable and	7. Title	e and	8. Price of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	Number	Expiration D	ate	Amou	nt of	Derivative
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underl	lying	Security
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securit	ties	(Instr. 5)
	Derivative				Securities			(Instr.	3 and 4)	
	Security				Acquired					
					(A) or					
					Disposed					
					of (D)					
					(Instr. 3,					
					4, and 5)					
									Amount	
						Date	Expiration		or	
						Exercisable	Date	Title Number		
									of	
					(A) (D)				Shares	

Reporting Owners

Reporting Owner Name / Address	Relationships						
1	Director	10% Owner	Officer	Other			
COLEMAN ROBERT D 2801 EAST BELTLINE, N.E. GRAND RAPIDS, MI 49525	Â	Â	Exec Vice Pres Manufacturing	Â			

Signatures

Christina A. Holderman, Attorney-In-Fact for Robert D.
Coleman

02/04/2013

**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) Reflects non-discretionary transactions affected in account pursuant to the terms of the Company's 401(k) Retirement Plan.
- (2) The total shares reflects the corrected total of shares due to a mathematical error in a Form 5 for the year ended 12/31/2011, filed 02/01/2012.

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.

Reporting Owners 2