GOODE GARY F Form 4 January 05, 2005

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB APPROVAL OMB

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Form filed by More than One Reporting

if no longer subject to Section 16. Form 4 or Form 5

obligations

may continue.

Check this box

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 See Instruction

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading **GOODE GARY F** Issuer Symbol UNIVERSAL FOREST (Check all applicable) PRODUCTS INC [UFPI] (Last) (First) (Middle) 3. Date of Earliest Transaction _X__ Director 10% Owner Officer (give title Other (specify (Month/Day/Year) below) 2801 E BELTLINE NE 01/04/2005 (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check Filed(Month/Day/Year) Applicable Line) _X_ Form filed by One Reporting Person

GRAND RAPIDS, MI 49525

(State)

(Zip)

(City)

| (City) | (State) | Tabl | e I - Noi | n-D | erivative S | Secur | ities Acqu | uired, Disposed of | f, or Beneficial | ly Owned |
|-----------------|---------------------|--------------------|-----------|------|-------------|-----------|-------------|--------------------|------------------|--------------|
| 1.Title of | 2. Transaction Date | 2A. Deemed | 3. | | 4. Securi | ties A | cquired | 5. Amount of | 6. | 7. Nature of |
| Security | (Month/Day/Year) | Execution Date, if | Transa | ctio | n(A) or Di | spose | d of (D) | Securities | Ownership | Indirect |
| (Instr. 3) | | any | Code | | (Instr. 3, | 4 and | 5) | Beneficially | Form: Direct | Beneficial |
| | | (Month/Day/Year) | (Instr. 8 | 8) | | | | Owned | (D) or | Ownership |
| | | | | | | | | Following | Indirect (I) | (Instr. 4) |
| | | | | | | (| | Reported | (Instr. 4) | |
| | | | | | | (A) | | Transaction(s) | | |
| | | | Code | v | Amount | or (D) | Price | (Instr. 3 and 4) | | |
| Common Stock | 01/04/2005 | | A | V | 400 | A | \$ 42.84 | 700 | D | |

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

Person

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

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| 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. Transacti Code (Instr. 8) | 5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | . | ate | 7. Titl Amou Under Securi (Instr. | nt of lying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secur Bene Owno Follo Repo Trans (Instr |
|---|---|--------------------------------------|---|---------------------------------------|---|---------------------|--------------------|---|--|---|---|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|--|---------------|-----------|---------------|--|--|--|--|
| Transfer de la companya de la compan | Director | 10% Owner | Officer Other | | | | |
| GOODE GARY F | | | | | | | |
| 2801 E BELTLINE NE | X | | | | | | |
| GRAND RAPIDS, MI 49525 | | | | | | | |

Signatures

/s/ Matthew J. Missad, as Attorney in Fact for Gary F.
Goode
01/05/2005

**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).

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.

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