FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Check this box if no longer subject to | |
|--|--|
| Section 16. Form 4 or Form 5 | |
| bligations may continue. See | |
| actruction 1(h) | |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | OMB APPROVAL | | | | | | | | | | | |
|---|--------------------------|-----|--|--|--|--|--|--|--|--|--|--|
| | OMB Number: 3235-028 | | | | | | | | | | | |
| l | Estimated average burden | | | | | | | | | | | |
| l | hours per response: | 0.5 | | | | | | | | | | |

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* Worthington Scott A | | | | | | 2. Issuer Name and Ticker or Trading Symbol UFP INDUSTRIES INC [UFPI] | | | | | | | | | ip of Reporti plicable) ctor | | 10% Ow | ner | |
|---|---|--|--|--------|--|---|-------------|---|--|-------|-------------------------------|--|--|--|------------------------------------|------------------------------------|--|--|--|
| (Last) 2801 E E | (Fi BELTLINE . | , | Middle) | | | oate of 30/20 | | st Tran | saction (Mo | nth/C | oay/Year) | | ^ belo | cer (give title w) sident, UFF | | Other (s below) caging, LL | · | | |
| (Street) GRAND RAPIDS MI 49525 | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | S. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | d to | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | action | ction 2A. Deeme | | | 3. Transact | 3. 4. Secur Transaction Dispose Code (Instr. 5) | | ities Acquir d Of (D) (Ins | ed (A) or | 5. An Secu Bene | ount of ities icially d Following | Form (D) o | n: Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | | / | (ח) | | | Trans (Instr | action(s) 3 and 4) | | | 11150.4) | |
| | | Т: | | | | | | | uired, Di | | | | | y Owne | d | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution I if any (Month/Day | Date, | 4. Transa Code (8) | | of Deriv | vative irities ired r osed) | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title an Amount o Securities Underlyin Derivative (Instr. 3 an | f g Security | 8. Price Derivativ Security (Instr. 5) | | e s illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisable | | opiration | Title | Amount or Number of Shares | | | | | | |
| Phantom Stock Units | (1) | 04/30/2024 | | | A | | 13 | | (2) | | (2) | Common Stock | 13 | \$112.7 | 15,926 | (3) | D | | |

Explanation of Responses:

- 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
- 3. Represents units in company stock fund, and not actual company shares.

Remarks:

/s/ Katherine L. Karel, Attorney In Fact for Scott A. 05/02/2024 Worthington

** Signature of Reporting Person Date

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

- * 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.

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 Number.