#### Edgar Filing: Builders FirstSource, Inc. - Form 4

	stSource, Inc.									
Form 4										
June 18, 201	4									
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB AF	APPROVAL	
Washington, D.C. 20549							OMB Number:	3235-0287		
Check th if no long	Check this box				-				January 31, 2005	
subject to		MENT O	F CHAN		GES IN BENEFICIAL OWNERSHIP O			Estimated average		
	Section 16.				RITIES			burden hours per		
Form 4 o Form 5			~					response	0.5	
obligatio	<b>n</b> o <b>*</b>					•	e Act of 1934,			
may cont	inue. Section 17			•	Company	•	f 1935 or Section	n		
See Instruction	uction	50(II)	) of the fil	vestment	Company	ACT 01 192	FU			
1(b).										
(Print or Type I	Responses)									
1 Name and A	ddress of Reporting	Person *	2 Iagua	r Nama and	I Ticker or Ti	rading	5. Relationship of	Reporting Pers	son(s) to	
1. Name and Address of Reporting Person *2. IssuerSHERMAN FLOYD FSymbol					launig	Issuer				
Symbol			s FirstSou	urce, Inc. []	BLDR1					
(Last)	(First) (	(Middle)		f Earliest Ti	_	,	(Chec	k all applicable	2)	
(Last)	(1415t) (	(vildule)	(Month/E		ransaction		X Director	10%	Owner	
2001 BRYAN STREET, SUITE 06/16/2			-			XOfficer (give title Other (specify				
1600						below) below) CEO and President				
	(Street)		4 If Ama	ndmant Da	to Original				c/Charle	
			endment, Date Original nth/Day/Year)			6. Individual or Joint/Group Filing(Check Applicable Line)				
rned(Moi				illi/Day/Tea	.)		_X_Form filed by One Reporting Person			
DALLAS, 7	TX 75201						Form filed by M Person	Iore than One Re	porting	
(City)	(State)	(Zip)	Tabl	e I - Non-E	Derivative Se	ecurities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction Dat			3.	4. Securitie	•	5. Amount of	6. Ownership		
Security (Month/Day/Year) Execution Date, if (Instr. 3) any (Month/Day/Year)			Transactio Code	on(A) or Disp (Instr. 3, 4		Securities Beneficially	Form: Direct Indirect (D) or Beneficia Indirect (I) Ownershi			
			(Instr. 8)	(1130. 5, 4		Owned		Ownership		
							Following	(Instr. 4)	(Instr. 4)	
						(A)	Reported Transaction(s)			
						or	(Instr. 3 and 4)			
Common				Code V	Amount	(D) Price				
Stock, par					186,048					
value \$0.01	06/16/2014			А	(1) (1)	A \$0	327,654	D		
per share					_					

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.

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 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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. Transactiv 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 Secu Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

# **Reporting Owners**

Reporting Owner Name / Addro	ess	Relationships						
	Director	10% Owner	Officer	Other				
SHERMAN FLOYD F 2001 BRYAN STREET SUITE 1600 DALLAS, TX 75201	Х		CEO and President					
Signatures								
/s/ Floyd F. Sherman	06/18/2014							

<u>\*\*</u>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).
- Reflects the acquisition of restricted stock units pursuant to the Corporation's 2014 Incentive Plan. The restricted stock units vest in 25% (1) increments on each of February 11, 2015-2018 and entitle the reporting person to one share of common stock for each restricted stock unit that vests.

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.