FORM 4

obligations may continue. See Instruction 1(b).

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

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHI

	OMB APPROVAL					
IFFICIAL OWNERSHIP	OMB Number:	3235-0287				

Estimated average burden

0.5

hours per response:

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

Name and Address of Reporting Person*  TRACE TO BE B				2. Issuer Name <b>and</b> Ticker or Trading Symbol  Installed Building Products, Inc. [IBP]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
FRY TODD R				instance Bunding Froducts, Inc. [ IBF ]							Direc	ctor	10% (	Owner		
			— ⊨								_  ;		er (give title		(specify	
(Last)	(Fi	rst) (	Middle)		3. Date of Earliest Transaction (Month/Day/Year)							A below) below)				
C/O INSTALLED BUILDING PRODUCTS, INC.			c. $ ^{02}$	02/21/2018							Chief Accounting Officer					
495 S. HIGH STREET, SUITE 50																
495 5. HIGH STREET, SUITE 50			4 1	4. If Amendment, Date of Original Filed (Month/Day/Year)  6. Individual or Joint/Group Filing (Check Applicable							nnlicable					
(Ctroot)					Line)											
(Street) COLUMBUS OH 43215		13215								:	X Form filed by One Reporting Person					
COLUM	.БОЗ О	П 4	13213										Forn	n filed by Moi	re than One Rep	orting
													Pers	son		
(City)	(SI	tate) (	Zip)													
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																
Date			Transaction ite onth/Day/Ye	Execution Date,		Transaction Disposed C		ities Acquired (A) o d Of (D) (Instr. 3, 4 a			Securi Benefi Owner	ties F cially ( I Following (	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
						Code	v	Amount	(A) or (D) Pr		Price	Reported Transaction(s) (Instr. 3 and 4)			(111501.4)	
Common Stock, \$0.01 par value per share 02/21/			02/21/2018	8		A		1,586(	[1)	A	\$0.00	) !	5,677	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	3A. Deemed	4.		5. Number	6. Date I	xerci	sable and	7. Titl	e and	8	B. Price of	9. Number o	f 10.	11. Nature
Derivative   Conversion   Date   Ex   Security   or Exercise   (Month/Day/Year)   if a		Execution Date if any (Month/Day/Ye	n Date, Transaction Code (Instr.		of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	Expiration Date (Month/Day/Year)		e	Amount of Securities Underlying Derivative Security (Instr. and 4)		tr. 3	Derivative Security Instr. 5)		Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownership (Instr. 4)	
				- 1	1 1					1	Amo	unt		1		

## **Explanation of Responses:**

1. These securities are performance-based restricted shares granted under the Issuer's 2014 Omnibus Incentive Plan. The Issuer's Compensation Committee certified on February 21, 2018 that the applicable performance criteria for fiscal year 2017 had been satisfied. These shares remain subject to a time-based vesting requirement and are scheduled to vest in two equal installments (rounded to the nearest whole share) on each of April 20, 2019 and April 20, 2020.

Date

Exercisable

(D)

Expiration

Date

## Remarks:

/s/ Shelley A. McBride, Attorney-in-Fact 02/23/2018

\*\* Signature of Reporting Person Date

Number

of Shares

Title

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.