Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549	OMB APPR		
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:		

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		to Section 16(a) of		

**JAVC** 3235-0287 OMB Number: Estimated average burden hours per response: 0.5

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1. Name and Address of Reporting Person*  Jackson Janet E.				2. Issuer Name <b>and</b> Ticker or Trading Symbol Installed Building Products, Inc. [ IBP ]								Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner							
					3. Date of Earliest Transaction (Month/Day/Year)							^		ior er (give title		Other (s			
(Last) (First) (Middle)						03/06/2024								belov			below)	,,,,,	
C/O INSTALLED BUILDING PRODUCTS, INC.				4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable						
495 S. HIGH STREET, SUITE 50												Line)	ne)  X Form filed by One Reporting Person						
(Street)											1	Form filed by More than One Reporting Person							
COLUM	COLUMBUS OH 43215				Rul	Rule 10b5-1(c) Transaction Indication													
(City)	(\$	State) (2	Zip)		Traisaction materials														
		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 - Noi	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or E	Benef	icially	y Own	ed			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da			Execution Date		Date,	Transaction Disposed Of Code (Instr. 5)		ies Acquired (A) Of (D) (Instr. 3,		4 and Securi Benefi Owned		ities Fo icially (D d Following (I)		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership				
									Code	v	Amount	(A) (D)	or P			action(s) 3 and 4)			(Instr. 4)
Common Stock, \$0.01 par value per share 03/06				03/06/2	2024		<b>G</b> <sup>(1)</sup>		86	Ι	)	\$0	9,168			D			
		Ta									osed of, o				Owne	d			
1. Title of Derivative Security (Instr. 3)	ivative Conversion Date Execution Date, urity or Exercise (Month/Day/Year) if any		on Date,		nsaction of		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		De Se (In	rivative durity S str. 5) B O F R	9. Number of derivative Securities Beneficially Owned Following Reported Transaction( (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirec Beneficia Ownershi (Instr. 4)			
			Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amou or Numb of Share	er							

## **Explanation of Responses:**

1. Gift to a charitable institution.

/s/ Michael T. Miller, Attorney-in-Fact

03/07/2024

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.