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

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OMB APPROVAL

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

| obligations may Instruction 1(b) | | File | d pursuant to Section 16(a) of the Securities Exchange Act of 19 | 84 | r | nours per respo | onse: | 0.5 |
|--|---------|------------------------|--|-------------------|------------------------------------|---------------------------------|---------------------|----------------------------------|
| | | 1 110 | or Section 30(h) of the Investment Company Act of 1940 | | | | | |
| 1. Name and Addro Elliott Jay P. | • | ng Person [*] | 2. Issuer Name and Ticker or Trading Symbol <u>Installed Building Products, Inc.</u> [IBP] - | | k all applicable) Director | irector 10% | | o Issuer Owner er (specify |
| (Last) | (First) | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 02/20/2023 | | below) Chief C | Operating O | below) g Officer | |
| 495 S. HIGH S | | | | | | | | |
| (Street) | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indiv Line) | vidual or Joint/0 Form filed by | Group Filing (y One Reporti | | cable |
| COLUMBUS | OH | 43215 | - | | Form filed by Person | y More than C | One Reportin | ıg |
| (City) | (State) | (Zip) | | | | | | |
| 1 | | Table I - Non-Deriv | ative Securities Acquired, Disposed of, or Ben | eficially | / Owned | | | |

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transa Code (8) | | | | | 5. Amount of Securities Beneficially Owned Following Reported | Form: Direct | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
|--|--|---|------------------------------|---|-----------|---------------|--------|---|--------------|---|--|--|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (1150.4) | | |
| Common Stock, \$0.01 par value per share | 02/20/2023 | | A | | 10,933(1) | Α | \$0.00 | 36,990 | D | | | |

| | 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. Transa Code (8) | | of Expiration Date Derivative (Month/Day/Year) Securities Acquired (A) or | | Amou Secu Unde Deriv | rlying ative rity (Instr. | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

1. Represents performance-based restricted shares granted to the Reporting Person under the Issuer's 2014 Omnibus Incentive Plan. The Issuer's Compensation & Human Capital Committee certified the achievement of the performance criteria for fiscal year 2022 on February 20, 2023. The 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, 2024 and April 20, 2025.

Remarks:

| /s/ Michael T. Miller, | |
|------------------------|--|
| Attorney-in-fact | |

** Signature of Reporting Person Date

02/22/2023

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.