FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL
OMB Number: 3235-0287
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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

| (11mt of 1y | pe Responses | 5) | | | | | | | | | | | | | | |
|---|--|---------------------------------|---|---|----------------------------------|----------------|--|---|---|---|--|--|------------------------|---------------------------------------|--|--|
| 1. Name and Address of Reporting Person* Ellis Kip B | | | | 2. Issuer Name and Ticker or Trading Symbol PATRICK INDUSTRIES INC [PATK] | | | | | | : | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | |
| | (Last) (First) (Middle) 107 W. FRANKLIN ST | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/24/2020 | | | | | | | X Officer (give title below) Other (specify below) EVP Operations & COO | | | elow) | | |
| (Street) | | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | - | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| ELKHART, IN 46515 (City) (State) (Zip) | | | | Table I - Non-Derivative Securities Acqu | | | | | | Acqui | uired, Disposed of, or Beneficially Owned | | | | | |
| 1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye | | | 2A. Deemed Execution Date, if any | | 3. Transac Code (Instr. 8) | | | | | uired of (D) | bd 5. Amount of Securities Beneficially Owned Fo Reported Transaction(s | | es 6. O (s) Fo | 6. Ownership Form: | Beneficial | |
| | | | | | (Month/Day/Year) | | de | V A | Amount | (A) or (D) | Price | (Instr. 3 a | nd 4) | | ` / | Ownership (Instr. 4) |
| Common | Stock | | 11/24/2020 | | | S | | 2 | 2,000 | | \$ 66.95 | 82,646 | | | D | |
| Reminder: | Report on a s | separate line fo | r each class of secu | rities beneficia | ılly ov | vned d | F | Persoi | ns who | o respo | | | ction of in | | | 1474 (9-02) |
| Reminder: | Report on a s | separate line fo | Table II - | Derivative Sec | curiti | ies Acc | F c t | Persor contai the for d, Disp | ns who ined in rm dis | o respo this fo plays a f, or Ber | rm are curren neficiall | not requ tly valid | uired to res | formation spond unle trol numbe | ss | 1474 (9-02) |
| 1. Title of Derivative Security | | 3. Transaction Date (Month/Day/ | Table II - 3A. Deemed Execution Day | | ecuriti lls, wa etion | ies Accarrants | retailing the second of the se | Person contain the for d, Disp ions, c 6. Date and Ex | ns who ined in rm dis posed o converti e Exerc xpiration h/Day/Y | o respo this for plays a f, or Ber ible secutive isable in Date | rm are current eficiall urities) 7. Tit Amo Unde Secut (Instr. 4) | not required to the and count of erlying | OMB con 8. Price of | spond unle | of 10. Ownersl Form of Derivati Security Direct (1 or Indire | 11. Natur of Indire Beneficia Ownersh (Instr. 4) |

Reporting Owners

| D. C. O. N. I | Relationships | | | | | | |
|--|---------------|--------------|----------------------|-------|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | |
| Ellis Kip B 107 W. FRANKLIN ST ELKHART, IN 46515 | | | EVP Operations & COO | | | | |

Signatures

| /s/ Kip B. Ellis by John A. Forbes, attorney-in-fact | 11/27/2020 |
|--|------------|
| **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).

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.