FORM 4

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

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

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

| Name and Address of Reporting Person * LUNG DAVID D | | | | | 2. Issuer Name and Ticker or Trading Symbol PATRICK INDUSTRIES INC [PATK] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | |
|--|------------|--|--|--|---|--|----------------|---|----------------------|---|-------------------|---|--|---|----------------------------------|-------------------|-------------------------|--|
| P.O. BOX 638 (First) (Middle) | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/12/2004 | | | | | | | | | give title below) | Ot | ner (specify belo | ow) | |
| (Street) ELKHART, IN 46515 | | | | 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 iired, Disposed of, or Beneficially Owned | | | | | | |
| (City) (State) (Zip) | | | | Table I - Non-Derivative Securities Acquir | | | | | | | | | | | | | | |
| 1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yea | | | | 2A. Deemed Execution Dat any (Month/Day/Y | | ate, if | Code (Instr | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) | | | Ownership Form: | Beneficial Ownership | |
| | | | / Year) | | | Co | ode | V Ar | nount | nount (A) or (D) Price | | (Instr. 3 and 4) Direct (D) or Indirect (I) (Instr. 4) | | | | | | |
| Common | Stock | | 03/12/2004 | | | | N | Л | 9, | 500 | A | \$ 6.3 | .3 45,556 | | | D | | |
| Common Stock 03/12/2004 | | | | | S | S | | 500 | | \$ 9.4963 | 36,056 | | D | | | | | |
| | | | Table II - | | | | | c | displays d, Dispo | s a cu | rrently or Ben | valid ON | MB contro | id unless th I number. | ie ioiiii | | | |
| 1. Title of Derivative Security (Instr. 3) | Conversion | 3. Transaction Date (Month/Day/Year) 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. 5. Nt f Transaction of Code Deriv) (Instr. 8) Secu Acqu (A) c Dispy of (D | | | umber 6. Da Expir vative (Mon rities aired or osed D) r. 3, 4, | | options, convertible securi Date Exercisable and Expiration Date Month/Day/Year) | | 7. Title of Unde Securiti | | | | Owners Form o Derivat Securit Direct (or Indir | Ownersh (y: (Instr. 4) (D) | | | |
| | | | | Code | V | (A) | (D) | Date Exerc | eisable | Expi Date | ration | Title | Amou or Numb of Share | er | | | | |
| | | | | | | | | | | | | Comn | | | | | _ | |

Reporting Owners

| D. C. N. | Relationships | | | | | | |
|--------------------------------|---------------|--------------|---------|-------|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | |
| LUNG DAVID D | | | | | | | |
| P.O. BOX 638 | X | | | | | | |
| ELKHART, IN 46515 | | | | | | | |

Signatures

| David D. Lung by Andy L. Nemeth, Agent | 03/15/2004 |
|--|------------|
| -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.