FORM 4

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

OMB APPROVAL
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

| (Print or Ty | pe Response | s) | | | | | | | | | | | | | | |
|---|---|--------------------------------------|--------------|---|---|------------------------|--|--------------|---|-----------------------|---|---|--------------------------------------|----------------------------------|--|--|
| 1. Name and Address of Reporting Person* Kitson Michael A | | | | | 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 | | | | |
| (Last) (First) (Middle) 107 W. FRANKLIN ST | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/14/2020 | | | | | | | Office | r (give title belo | ow) | Other (specify b | elow) |
| (Street) | | | | 4. If A | 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 | | | | | |
| ELKHAI | RT, IN 465 | 515 | | | | | | | | | | | a by wore man | One Reporting | CISOII | |
| (City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | |
| 1.Title of Security (Instr. 3) | | 2. Transaction Date (Month/Day/Year) | Exect any | 2A. Deemed Execution Date, if any (Month/Day/Year) | | ransac le tr. 8) | 4. Securities Acqu (A) or Disposed o (Instr. 3, 4 and 5) | | of (D) | Beneficia Reported | nt of Securities ally Owned Following Transaction(s) | | 6. Ownership Form: | 7. Nature of Indirect Beneficial | | |
| | | | (Mon | | | ode | V | Amour | (A) or | Price | | (Instr. 3 and 4) | | (/ | Ownership (Instr. 4) | |
| Common | Stock | | 05/14/2020 | | | | A | v | 2,420 | | \$ 0 | 20,772 | | | D | |
| | | | | | ative Securit | | t | the fo | orm di sposed | splays a of, or Be | curre | ently valid | OMB conf | spond unle trol numbe | | |
| 1. Title of | 12 | 3. Transactio | | · · · · | uts, calls, w | 5. | | | | | |) Fitle and | & Price of | 9. Number | of 10. | 11. Natur |
| Derivative Security | Conversion or Exercise Price of Derivative Security | Date (Month/Day/ | Execution Da | ate, if | if Transaction Nun Code of (Instr. 8) Der See Acc (A) Dis of (Instr. 8) | | umber and l | | ate Exercisable Expiration Date nth/Day/Year) | | Am Un Sec | Amount of Underlying Securities (Instr. 3 and | Derivative Security (Instr. 5) | | Ownersl Form of Derivati Security Direct (I or Indire | nip of Indirect Beneficia Ownershi (Instr. 4) |
| | | | | | Code V | (A) | | Date Exer | cisable | Expiration Date | on Tit | Amount or Number of Shares | | | | |

Reporting Owners

| P (0 N / | Relationships | | | | | |
|---|---------------|--------------|---------|-------|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | |
| Kitson Michael A 107 W. FRANKLIN ST ELKHART, IN 46515 | X | | | | | |

Signatures

| /s/ Michael A. Kitson by Joshua A. Boone, attorney-in-fact | 05/18/2020 | |
|--|------------|--|
| **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).
- (1) Annual Director's Stock Grant awarded on May 14, 2020 and vesting on May 14, 2021.

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.