TRI Pointe H	Iomes, Inc.										
Form 4											
February 11,	2015										
FORM	14		~ ~ ~ ~ ~ ~						OMB AF	PROVAL	
	UNITE	D STATES		RITIES A shington,			NGE C	COMMISSION	OMB Number:	3235-0287	
Check the if no long	ter								Expires:	January 31, 2005	
subject to		EMENT O	F CHAN			ICIA	NERSHIP OF	Estimated average			
Section 1				SECUR	ITIES				burden hours per		
Form 4 o Form 5			Castion 1	(a) = f + b		ing F		• A et of 1024	response	0.5	
obligation							-	e Act of 1934, 1935 or Section	n		
may cont	inue.) of the In	•	•	· ·			1		
See Instru 1(b).	lction	50(11)) of the m	vestment	compu	.y 110	. 01 17 1				
(Print or Type F	Responses)										
1. Name and A Holder Floy	ddress of Reporti	ng Person <u>*</u>		r Name and	Ticker or	Tradir	ıg	5. Relationship of Issuer	Reporting Pers	on(s) to	
Holder Hoy	u will		Symbol	nto Home	na Ina ['	грці		100401			
(T)				nte Home	_	1 F I I J		(Chec	k all applicable)	
(Last)	(First)	(Middle)		f Earliest Tr	ansaction			Director	100/-	Owner	
			02/09/2	nth/Day/Year))9/2015				Officer (give title Other (specify			
	JAMBOREE		02/07/2	010				below) President of	below) f Trendmaker H	Iomes	
SUITE 300								Tresident 0		Tomes	
	(Street)		4. If Ame	ndment, Da	te Origina	1		6. Individual or Jo	int/Group Filin	g(Check	
			Filed(Mor	nth/Day/Year)			Applicable Line)			
IRVINE, CA	A 92612							_X_ Form filed by C Form filed by M Person			
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction E			3.	4. Securi			5. Amount of	6. Ownership		
Security (Instr. 3)	(Month/Day/Ye	-	on Date, if	Transactio Code		-		Securities Beneficially	Form: Direct (D) or	Indirect Beneficial	
(Instr. 3)		any (Month/	/Day/Year)	(Instr. 8)	(Instr. 3,	4 anu	5)	Owned	Indirect (I)	Ownership	
			•					Following	(Instr. 4)	(Instr. 4)	
						(A)		Reported Transaction(s)			
						or	р.	(Instr. 3 and 4)			
Common					Amount	(D)	Price \$				
Stock	02/09/2015			F	998	D	ф 15.15	28,293	D		

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

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 control number.

 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. Transacti Code (Instr. 8)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		Amou Unde Secur	le and int of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Holder Floyd Will C/O TRI POINTE HOMES, INC. 19540 JAMBOREE ROAD, SUITE 300 IRVINE, CA 92612			President of Trendmaker Homes				
Signatures							

/s/Michael D. Grubbs,	
attorney-in-fact	02/11/2015
**Signature of Reporting Person	Date

**Signature of Reporting Person

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.