| TRI Pointe H   | Homes, Inc.                          |                    |   |                       |  |          |             |   |  |           |  |  |
|--|--------------------------------------|--------------------|---|-----------------------|--|----------|-------------|---|--|-----------|--|--|
| Form 4<br>March 02, 20   | 015                                  |                    |   |                       |  |          |             |   |  |           |  |  |
|  | _                                    |                    |   |                       |  |          |             |   | OMB AF   | PROVAL    |  |  |
| FORM   | UNITEL                               | ) STATES           |   | RITIES A<br>shington, |  |          | NGE C       | OMMISSION   | OMB<br>Number:   | 3235-0287 |  |  |
| Check this box<br>if no longer<br>subject to<br>Section 16.<br>Form 4 or |                                      |                    |   |                       | BENEF                                  |          | L OWI       | NERSHIP OF  | Expires:January 31<br>200Estimated average<br>burden hours per<br>response0. |           |  |  |
| Form 5<br>obligation<br>may cont<br><i>See</i> Instru<br>1(b).           | ns<br>inue. Section 17               | 7(a) of the        |   | tility Hold           | ling Con                               | npany    | Act of      | e Act of 1934,<br>1935 or Section<br>0  | n  |           |  |  |
| (Print or Type I   | Responses)                           |                    |   |                       |  |          |             |   |  |           |  |  |
| 1. Name and Address of Reporting Person <u>*</u><br>Keeler Glenn         |                                      |                    | 2. Issuer Name <b>and</b> Ticker or Trading<br>Symbol<br>TRI Pointe Homes, Inc. [TPH] |                       |  |          |             | 5. Relationship of Reporting Person(s) to Issuer  |  |           |  |  |
| (1   |                                      |                    | 3. Date of<br>(Month/D<br>03/01/20  | -                     | ansaction                              |          |             | (Check all applicable)<br>Director 10% Owner<br>X Officer (give title Other (specify<br>below) Principal Accounting Officer |  |           |  |  |
|  | (Street) 4. If Amer<br>Filed(Mon     |                    |   |                       | -                                      | 1        |             | 6. Individual or Joint/Group Filing(Check<br>Applicable Line)<br>_X_ Form filed by One Reporting Person                     |  |           |  |  |
| IRVINE, CA   | A 92612                              |                    |   |                       |  |          |             |   | fore than One Re   |           |  |  |
| (City)   | (State)                              | (Zip)              | Tabl  | e I - Non-D           | erivative                              | Secur    | ities Acq   | uired, Disposed of  | , or Beneficial  | ly Owned  |  |  |
| 1.Title of<br>Security<br>(Instr. 3)                                     | 2. Transaction Da<br>(Month/Day/Year | r) Executio<br>any |   | (Instr. 8)            | 4. Securi<br>on(A) or Di<br>(Instr. 3, | ispose   | d of (D)    | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 3 and 4)          | 6. Ownership<br>Form: Direct<br>(D) or<br>Indirect (I)<br>(Instr. 4)         |           |  |  |
| Common<br>Stock  | 03/01/2015                           |                    |   | F                     | 357                                    | (D)<br>D | \$<br>15.88 | 9,567   | 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<br>Derivative<br>Security<br>(Instr. 3) | or Exercise an  |           | 3A. Deemed<br>Execution Date, any<br>(Month/Day/Yea | Code                         | 5.<br>orNumber<br>of<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3,<br>4, and 5) | 3                   | Date               | Amor<br>Unde<br>Secur | te and<br>unt of<br>rrlying<br>rities<br>: 3 and 4) | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Nu<br>Deriv<br>Secu<br>Bene<br>Owne<br>Follo<br>Repo<br>Trans<br>(Instr |
|---|---|-----------|---|------------------------------|---|---------------------|--------------------|-----------------------|---|---|--|
|   |   |           |   | Code V                       | (A) (D)   | Date<br>Exercisable | Expiration<br>Date | Title                 | Amount<br>or<br>Number<br>of<br>Shares              |   |  |
| Reporting Owners                                    |   |           |   |                              |   |                     |                    |                       |   |   |  |
| Reporting Owner Name / Address                      |   |           |   | Relationships                |   |                     |                    |                       |   |   |  |
| nep   | Reporting Owner Wanter Address                                      |           | Director 1  | 10% Owner                    | Officer   |                     |                    | Oth                   | er  |   |  |
| 19540 JA  | Henn<br>POINTE HOMES, INC.<br>AMBOREE ROAD, SUITE 300<br>, CA 92612 |           | 0   | Principal Accounting Officer |   |                     |                    |                       |   |   |  |
| Signa   | tures   |           |   |                              |   |                     |                    |                       |   |   |  |
| /s/Glenn  | Keeler  | 03/02/201 | 5   |                              |   |                     |                    |                       |   |   |  |

## Edgar Filing: TRI Pointe Homes, Inc. - Form 4

<u>\*\*</u>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.