

TRI POINTE HOMES, INC.

Reported by MITCHELL THOMAS J

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 04/13/15 for the Period Ending 04/08/15

Address 19520 JAMBOREE ROAD, SUITE 200

IRVINE, CA 92612

Telephone (949) 478-8600

CIK 0001561680

Symbol TPH

Fiscal Year 12/31





[] Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE **COMMISSION**

Washington, D.C. 20549

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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

1. Name and Address of Reporting Person *					2. Issuer Name and Ticker or Trading Symbol									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
MITCHELL '	THOM	AS J	Ţ	r.	ΓRI	Pointe	Hom	es	, Inc	. [′	ГРІ	[F							
(Last) (First) (Middle)					3. Date of Earliest Transaction (MM/DD/YYYY)									Director 10% Owner					
														X Officer (give title below) Other (specify					
C/O TRI POINTE HOMES,						4/8/2015									below) President, COO and Secretary				
INC., 19540 J													1.	biucii	., coo u	na scerce	ui y		
SUITE 300				'															
(Street)					4. If Amendment, Date Original Filed									6. Individual or Joint/Group Filing (Check					
					(MM/DD/YYYY)									Applicable Line)					
IRVINE, CA 92612													v	W. F. Cl. II O. D. d. D.					
(City)	(City) (State) (Zip)													X Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Tab	le I - Non	-Deri	vativ	e Securi	ties A	cqı	uired,	Dis	pose	ed of,	or Bene	eficiall	y Owned				
1.Title of Security (Instr. 3)				2. Tr Date			Trans.Code		4. Securities (A) or Dispo					unt of Securities Beneficially Owned ing Reported Transaction(s)		6.	7. Nature of Indirect		
(Instr. 5)			Date	,	Execution	(Instr. 8)		(D)		(Instr.		Instr. 3 and				Form:	Beneficial		
						Date, if any			(Instr. 3	-							Direct (D) or Indirect	Ownership	
						,				(A or							(I) (Instr.	(======================================	
							Code	V	Amoun	-	4	rice					4)		
Common Stock				4/8/2	2015		F	Ш	3727	D	\$15	.11		16	1400		D		
Common Stock													1035822			I	By The Mitchell Family Trust		
				•														•	
Tab	le II - De	rivati	ive Securi	ties B	enefi	icially O	wned ((e.,	<i>g</i> ., pu	ıts,	calls	s, wai	rrants, o	ptions	, convert	ible secur	ities)		
Title of Derivate Security	2.	Trans. De Date Ex Da	3A. 4 Deemed T	rans.	5. Number of Derivative Securities 3) Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable				7. Title and Amou Securities Underly				8. Price of Derivative	f 9. Number	10. Ownership	11. Nature	
(Instr. 3)	or Exercise			ode			and Expiration Date			=	Derivative Securit				Security	derivative	Form of	Beneficial	
	Price of Derivative		Date, if any	Instr. 8							(Instr. 3 and 4)		14)		(Instr. 5)	Securities Beneficially		Ownership (Instr. 4)	
	Security															Owned	Direct (D)	(mstr. 1)	
																	or Indirect (I) (Instr.		
			-				Date Exercisable		Expiration Date		Title	Amou	mount or Number of nares		1	Transaction (s) (Instr. 4)	4)		
				ode V	(A)	(D)					1 itie	Share							

Explanation of Responses:

Reporting Owners

Paperting Owner Name / Address	Relationships									
Reporting Owner Name / Address	Director	10% Owner	Officer	Other						
MITCHELL THOMAS J C/O TRI POINTE HOMES, INC. 19540 JAMBOREE ROAD, SUITE 300 IRVINE, CA 92612			President, COO and Secretary	7						

Signatures

/s/ Glenn Keeler, attorney-in-fact

4/13/2015

^{**} Signature of Reporting Person

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

- * 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.

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.