FORM 4

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

☐ Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

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OMB APPROVAL

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

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	2. Issuer Name and Ticker or Trading Symbol								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
Grahl Rober	rt Kent			7	ri P	ointe I	Homes, 1	lnc.	[TP	Η]		(F				
					3. Date of Earliest Transaction (MM/DD/YYYY)							_X_ Director	X Director 10% Owner				
(Last) (First) (Middle)					5. Date of Lattiest Hansaction (MM/DD/1111)							Officer (g	Officer (give title below) Other (specify below)				
C/O TDI DO	INTE II	040	5/5/2025														
C/O TRI PC							31.	,, 20	23								
SOUTHWO			E 200		70.								T 1 /~	7111			
	(Stree	et)		4	. If Aı	nendme	nt, Date O	rigir	nal File	ed (MM/D	D/YYY	YY) 6. Individual	or Joint/G	roup Filing	(Check Appl	icable Line)	
INCLINE V	HLAGE	NV 89	451									Y Form filed	v One Peno	rting Derson			
INCLINE VILLAGE, NV 89451					-								X_Form filed by One Reporting Person Form filed by More than One Reporting Person				
(0	City) (Star	te) (Zi	p)														
			Tabla I	Non D	orivot	ivo Sooi	urities Ae	~ir	od Di	enosod o	for	Beneficially Own	od				
								•	, '	1	,	<u> </u>			6.	1	
(Instr. 3)	1. Title of Security 2. Trans. I		2. Trans. Da	Date 2A. Deemed 3. Trans. Con Execution (Instr. 8)			de					5. Amount of Securities Beneficially Owned Following Reported Transaction(s)			Nature of Indirect		
(, if any	((Instr. 3, 4 and 5)			(Instr. 3 and 4)			Form:	Beneficial	
								1			1	- 			Direct (D) or Indirect	Ownership (Instr. 4)	
										(A) or	l				(I) (Instr.	(IIIIII I)	
							Code	V	Amou	` '	Pric				4)		
Common Stock 5/5/202				5/5/2025			A ⁽¹⁾		5,56	4 A	\$31.4	15		27,367	D		
	Tab	le II - Dei	rivative	Securitie	s Ben	eficially	Owned (e.g.,	puts,	calls, wa	rran	ts, options, conve	rtible secu	urities)			
1. Title of Derivate	2.	3. Trans.		med 4. Trai					ate Exe					11. Nature			
Security (Instr. 3)				8) Derivativ Acquired		ve Securities	and				ities Underlying ative Security		derivative Securities	Ownership Form of	of Indirect Beneficial		
(Price of		Date, if unly	,	Disposed (Instr. 3,		d of (D)					. 3 and 4)	4) (Instr. 5)	Beneficially Owned	Derivative	Ownership	
	Derivative Security						4 and 5)								Security: Direct (D)	(Instr. 4)	
Security								Det		F	Г .	A			or Indirect		
				Cod	e V	(A)	(D)	Date Exe	e rcisable	Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)	(I) (Instr. 4)		
			1	Cou	. ,	(11)	(D)	1						(111541. 7)	17		

Explanation of Responses:

(1) Represents a grant of 5,564 restricted stock units. The restricted stock units, which shall vest on the day immediately prior to Tri Pointe Homes, Inc.'s 2026 Annual Meeting of Stockholders, are to be settled for an equal number of shares of common stock upon vesting.

Reporting Owners

Reporting Owner Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Grahl Robert Kent							
C/O TRI POINTE HOMES, INC.	x						
940 SOUTHWOOD BLVD, SUITE 200	Λ						
INCLINE VILLAGE, NV 89451	1						

Signatures

/s/ Glenn J. Keeler, attorney-in-fact 5/6/2025

**Signature of Reporting Person Date

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.