## FORM 4

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

OMB APPRO	VAL
OMB Number:	3235-0287
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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

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Report	ing Ov	vners														
Employee Stock Option (right to buy)	\$ 38.39	02/21/2017		A		9,420	)	(1)	02/	/21/2027	Comm Stock	1 9 420	\$ 0	9,420	D	
				Code	V	(A)	(D)	Date Exercisal		oiration e	Title	Amount or Number of Shares				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	2. 3. Transaction Date Execution Date (Month/Day/Year) Price of Derivative 3. Transaction Execution Date Execution Date any (Month/Day/Year)			(e.g., puts, calls, v           , if         Transaction of Code         De           , arr)         (Instr. 8)         See           Ac         (A           Discontinuos         Of           (Instr. 8)         Of		5. Number of E		Expiration Date (Month/Day/Year) of Science (Month/Day/Year)					9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Ownership Form of Derivative Security: Direct (D) or Indirect	Beneficia Ownershi (Instr. 4)
Reminder: R	eport on a se	parate line for each						Perso in thi displa	ons wh s form ays a c	are not r urrently	equired valid OM	collection of to respond IB control n	unless the		ned SEC 14	474 (9-02)
							Cod		Amoun	(A) or (D)	Price				(I) (Instr. 4)	
1.Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Yea			Execution Date, if Code		nsaction 8)	(A) or Disposed of (D) (Instr. 3, 4 and 5)		of (D) O				Ownership of Form: EDirect (D) or Indirect (I	. Nature of Indirect Beneficial Ownership Instr. 4)			
DAYTONA BEACH, FL 32114 (City) (State) (Zip)			(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned												
(Street)				4. If Amendment, Date Original Filed(Month/Day/Year)						ay/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				
(Last) (First) (Middle) C/O TOPBUILD CORP., 475 NORTH WILLIAMSON BOULEVARD				3. Date of Earliest Transaction (Month/Day/Year) 02/21/2017						rear)		X_Officer (give title below) Other (specify below)  VP, Genl. Coun. & Sec.				
Name and Address of Reporting Person   Friel Michelle A				2. Issuer Name and Ticker or Trading Symbol TopBuild Corp [BLD]						ool		5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner				
(Print or Type	e Kesponses)															

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Friel Michelle A C/O TOPBUILD CORP. 475 NORTH WILLIAMSON BOULEVARD DAYTONA BEACH, FL 32114			VP, Genl. Coun. & Sec.			

### **Signatures**

/s/ Michelle A. Friel	03/02/2017
Signature of Reporting Person	Date

## **Explanation of Responses:**

 $\star$  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) This option becomes exercisable in three equal annual installments, beginning February 21, 2018.

 $Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, {\it see} \ Instruction 6 for procedure. \\$ 

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.