## FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
hours per response... 0.5

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

| (Print or Ty  | pe Response | s)           |                                 |   |   |  |       |                       |             |  |                |                 |  |   |             |  |  |                                     |  |
|---|-------------|--------------|---------------------------------|---|---|--|-------|-----------------------|-------------|--|----------------|-----------------|--|---|-------------|--|--|-------------------------------------|--|
| 1. Name and Address of Reporting Person * Peterson John S.              |             |              |                                 |   | 2. Issuer Name and Ticker or Trading Symbol TopBuild Corp [BLD] |  |       |                       |             |  |                |                 | 4  | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)   |             |  |  |                                     |  |
| (Last) (First) (Middle) C/O TOPBUILD CORP., 475 N. WILLIAMSON BOULEVARD |             |              |                                 |   | 3. Date of Earliest Transaction (Month/Day/Year) 02/22/2018     |  |       |                       |             |  |                |                 |  | X Officer (give title below) Other (specify below)  Vice President and CFO  |             |  |  |                                     |  |
| (Street) DAYTONA BEACH, FL 32114  |             |              |                                 |   | 4. If Amendment, Date Original Filed(Month/Day/Year)            |  |       |                       |             |  |                |                 |  | 6. Individual or Joint/Group Filing(Check Applicable Line)  Form filed by One Reporting Person Form filed by More than One Reporting Person |             |  |  |                                     |  |
| (City) (State) (Zip)  |             |              |                                 | Table I - Non-Derivative Securities Acqui |   |  |       |                       |             |  |                | Acquii          | nired, Disposed of, or Beneficially Owned                                      |   |             |  |  |                                     |  |
| 1.Title of Security<br>(Instr. 3)                                       |             |              | 2. Transac<br>Date<br>(Month/Da |   | Exec<br>any   | tecution Date, if y (Instr. 8) (Instr. 8) (Instr. 8) |       |                       | (A) or I    | Securities Acquired ) or Disposed of (D str. 3, 4 and 5)  (A) or nount (D) Price                 |                |                 | D) Beneficially Owned Following<br>Reported Transaction(s)<br>(Instr. 3 and 4) |   |             | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4)    |                                     |  |
| Common Stock 02/  |             |              | 02/22/20                        | 2/2018                                    |   |  |       | F                     |             | 394  | D              | \$<br>72        | 2.76   | 29,864  |             |  | D  |                                     |  |
|   |             |              | T                               |   |   |  |       | ies Acquire           | the d       | form dis   | splays         | s a cu<br>Benef | urren<br>ficiall   | itly valid  |             | spond unle<br>rol numbe                                  |  |                                     |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)                     |             | e of ivative |                                 | Deemed cution Da                          |   |  | on on | 5. 6. I<br>Number and |             | Disposed of, or Berns, convertible security Date Exercisable and Expiration Date Month/Day/Year) |                | ecuri<br>e      | •  |   | 8. Price of |  | Ownersh<br>Form of<br>Derivati<br>Security<br>Direct (I<br>or Indire | Ownershi<br>(Instr. 4)<br>D)<br>ect |  |
|   |             |              |                                 |   |   | Code   |       | (A) (D)               | Date<br>Exe | _  | Expira<br>Date | ntion           | Title  | Amount<br>or<br>Number<br>of<br>Shares  |             |  |  |                                     |  |
| Repor   | ting O      | wners        |                                 |   |   |  |       |                       |             |  |                |                 |  |   |             |  |  |                                     |  |
|   |             |              |                                 |   | Relationships   |  |       |                       |             |  |                |                 |  |   |             |  |  |                                     |  |
| Reporting Owner Name / Address Director                                 |             |              | Directo                         | officer Officer                           |   |  |       |                       | C           |  |                |                 |  |   |             |  |  |                                     |  |

Vice President and CFO

### **Signatures**

Peterson John S. C/O TOPBUILD CORP.

| /s/ Paul Joachimczyk, Attorney-in-Fact | 02/26/2018 |
|--|------------|
| **Signature of Reporting Person        | Date       |

## **Explanation of Responses:**

475 N. WILLIAMSON BOULEVARD DAYTONA BEACH, FL 32114

- \* 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.