FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| TATEMENT | OF CHANGES | IN BENEFICIAL | OWNERSHIP |
|----------|-------------------|---------------|------------------|

| l | OMB APPRO | VAL |
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| | OMB Number: | 3235-0287 |
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| l | 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).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| Name and Address of Reporting Person* Hicks Bowman Angela R. | | | | | | 2. Issuer Name and Ticker or Trading Symbol ANGI Homeservices Inc. [ANGI] | | | | | | | | | | | licable) | g Person(s) t | Solssuer Solsoner | |
|--|------|---------|------------------------------|--------------|--------|---|---|--|---------------|---|---------|-------|-----------------------|----------------------------|---|---|---------------------------------------|--------------------------------|--------------------|--|
| (Last) (First) (Middle) C/O ANGI HOMESERVICES INC. | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/18/2020 | | | | | | | | | | Office | er (give title v) | Oth bel | er (specify ow) | |
| 3601 WALNUT STREET, SUITE 700 | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) DENVER | R CO | 8 | 80205 | | | | | | | | | | | | X | | n filed by Mor | e Reporting P re than One F | | |
| (City) | (St | ate) (2 | Zip) | | | | | | | | | | | | | | | | | |
| | | Tabl | e I - No | n-Deriv | ative | Sec | uritie | s Acc | uired, | Dis | posed o | f, or | Ben | eficia | lly (| Owne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | | Execution Date, | | 3. Transaction Code (Instr. 8) 4. Securities Acquire Disposed Of (D) (Instr. 5) | | | | | d | Securities Beneficially | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | of Indirect | | | |
| | | | Code | v | Amount | | | | (A) or (D) | Price | Tra | | action(s) 3 and 4) | | (111341. 4) | | | | | |
| Class A Common Stock, par value \$0.001 ⁽¹⁾ 02/18/2 | | | | | | 2020 S ⁽¹⁾ 10,000 D S | | \$8.3 | 3(2) | (2) 401,079 | | D | | | | | | | | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | | |
| Security or Exercise (Month/Day/Year) if any | | | 4. Transa Code (8) | 5. Number of | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | ount | t | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownersh Form: Direct (D or Indirect (I) (Instr. | Beneficial Ownership (Instr. 4) | | | |

Explanation of Responses:

- 1. Reflects the sale of shares of ANGI Class A Common Stock effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person.
- 2. The price reflects the weighted average of sales made at prices ranging from \$8.25 to \$8.42. The reporting person agrees to provide upon request by the Staff of the Securities and Exchange Commission, ANGI Homeservices or any security holder of ANGI Homeservices, information regarding the number of shares sold at each separate price.

Tanya M. Stanich as Attorney-

02/19/2020 in-Fact for Angela R. Hicks

Bowman

** 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 Number.