FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| whom D.C. 20E40  |              |
|------------------|--------------|
| gton, 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).

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*     Welch Suzy   |  |   |   |                          |   | 2. Issuer Name and Ticker or Trading Symbol ANGI Homeservices Inc. [ ANGI ] |                                   |            |  |                     |   |   |   | elationship of<br>ck all applica<br>Director          | able)  | Perso         | 10% Ow   | ner   |  |
|--|--|---|---|--------------------------|---|---|-----------------------------------|------------|--|---------------------|---|---|---|---|--|---------------|--|---|--|
| (Last)   | 3. Date of Earliest Transaction (Month/Day/Year) 09/29/2017                      |   |   |                          |   |   |                                   |            |  | Officer (<br>below) | give title  |   | Other (s<br>below)  | pecify  |  |               |  |   |  |
| 14023 DENVER WEST PARKWAY, BUILDING 64   |  |   |   |                          |   | 4. If Amendment, Date of Original Filed (Month/Day/Year)                    |                                   |            |  |                     |   |   |   | 6. Individual or Joint/Group Filing (Check Applicable |  |               |  |   |  |
| (Street)   | N C  | 0                                       | 80401   | ,                        |   |   |                                   |            |  |                     |   | Line)   | Form filed by One Reporting Person  Form filed by More than One Reporting  Person |   |  |               | ing  |   |  |
| (City)   | (S   | tate)                                   | (Zip)   |                          |   |   |                                   |            |  |                     |   |   |   |   |  |               |  |   |  |
|  | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned |   |   |                          |   |   |                                   |            |  |                     |   |   |   |   |  |               |  |   |  |
| 1. Title of Security (Instr. 3)  2. Trans Date (Month/   |  |   |   |                          | 2A. Deemed<br>Execution Dai<br>if any<br>(Month/Day/Y |   |                                   | Code (     |  |                     |   |   |   | Beneficial<br>Owned Fo                                | s Form<br>ally (D) o<br>ollowing (I) (II   |               | Direct I<br>Indirect E<br>str. 4)  | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership |  |
|  |  |   |   | Code V Amount (A) or (D) |   |   |                                   |            |  |                     | Price   | Reported Transaction(s) (Instr. 3 and 4)            |   | (Instr. 4)  |  |               |  |   |  |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |  |   |   |                          |   |   |                                   |            |  |                     |   |   |   |   |  |               |  |   |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)  | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security            | ercise (Month/Day/Year)<br>of<br>vative | 3A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) | Cod                      | nsactior<br>le (Instr                                 | of<br>Derivat<br>Securit<br>Acquire<br>(A) or<br>Dispos<br>of (D) (         | of Derivative Securities Acquired |            | Date Exerc<br>piration D<br>pnth/Day/\ | ate                 | le and 7. Title and Am<br>of Securities<br>Underlying<br>Derivative Sec<br>(Instr. 3 and 4) |   | es<br>g<br>Security   | 8. Price of<br>Derivative<br>Security<br>(Instr. 5)   | 9. Numbe<br>derivative<br>Securities<br>Beneficia<br>Owned<br>Following<br>Reported<br>Transacti<br>(Instr. 4) | e<br>s<br>lly | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | Beneficial<br>Ownership<br>t (Instr. 4)             |  |
|  |  |   |   | Cod                      | le V  | (A)   | (D)                               | Dat<br>Exe | e<br>ercisable                         |                     | xpiration<br>ate  | Title   | Amount<br>or<br>Number<br>of<br>Shares  |   |  |               |  |   |  |
| Restricted<br>Stock<br>Units   | \$0  | 09/29/2017                              |   | A                        |   | 19,592  |                                   | 09/2       | 29/2018 <sup>(1</sup>                  | 09                  | )/29/2020 <sup>(1)</sup>  | Class A<br>Common<br>Stock,<br>par value<br>\$0.001 | 19,592  | \$0   | 19,59  | 2             | D  |   |  |

1. Represents restricted stock units that vest in equal installments (1/3) on the anniversary of the grant date (September 29, 2017), subject to continued service.

Tanya M. Stanich as Attorneyin-Fact for Suzy Welch

10/03/2017

\*\* 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 Number.