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## FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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

1. Name and Address of Reporting Person* Hicks Bowman Angela R.			2. Issuer Name and Ticker or Trading Symbol ANGI Homeservices Inc. [ ANGI ]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
		<u></u>		X Director 10% Owner					
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 11/26/2018	Officer (give title Other (specify below) below)					
14023 DENVER WEST PARKWAY, BUILDING 64									
			4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)				X Form filed by One Reporting Person					
GOLDEN	СО	80401		Form filed by More than One Reporting Person					
(City)	(State)	(Zip)							

## Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transa Code ( 8)				5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
			Code	v	Amount (A) or (D) Price			Transaction(s) (Instr. 3 and 4)		
Common Stock, par value \$0.001 <sup>(1)</sup>	11/26/2018		<b>M</b> <sup>(1)</sup>		3,543	Α	\$ <mark>0</mark>	386,803	D	
Common Stock, par value \$0.001 <sup>(2)</sup>	11/26/2018		<b>F</b> <sup>(2)</sup>		1,545	D	\$17.6	385,258	D	

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

				· •	·			<i>i</i> •							
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code ( 8)		of Der Sec Acc (A) Dis of (	posed D) str. 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year)		Amount of		unt of Derivative arities Security erlying (Instr. 5) vative Security		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Restricted Stock Units <sup>(3)</sup>	\$0	11/26/2018		М			3,543	11/26/2017 <sup>(3)</sup>	02/26/2020 <sup>(3)</sup>	Common Stock, par value \$0.001	3,543	\$0	17,716	D	

Explanation of Responses:

1. Represents shares of ANGI common stock acquired upon the vesting of restricted stock units (see footnote 3 below).

2. Represents shares of ANGI common stock withheld to cover the payment of taxes due in connection with the vesting of restricted stock units (see footnote 3 below).

3. Represents restricted stock units that vest in equal quarterly installments on the anniversary of the grant date (February 26, 2016) through February 26, 2020, subject to continued service.

Tanya M. Stanich as Attorney-	
<u>in-Fact for Angela R. Hicks</u>	<u>11/28/2018</u>
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.