Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. 20549 |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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] | | | | | | | | | all app Direc | tor | ng Pers | 10% O | wner | |
|---|--|--------------------|---------|---|--|---|--|--------------------------------|---------------------|---|--------------------|---|-------------------------------|--|--|---|---|-------------------|---------|
| (Last) | (Fir | st) (NERVICES INC. | Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/15/2020 | | | | | | | | | Office below | er (give title v) | | Other (below) | specify |
| 3601 WALNUT STREET, SUITE 700 | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | | | |
| (Street) DENVE | R CC |) 8 | 0205 | | | | | | | | | | Line) X | | m filed by One Reporting Person m filed by More than One Reporting son | | | | |
| (City) | (Sta | ate) (Z | Zip) | | | | | | | | | | | | | | | | |
| | | Table | I - No | n-Deriva | tive S | Secu | rities | Acq | uired, | Dis | posed of | , or E | Benef | icially | Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day | | | | Execution Date, | | Oate, | 3. Transaction Code (Instr. 8) 4. Securities Acquired (Disposed Of (D) (Instr. 3) 5) | | | ired (A nstr. 3, | 4 and Securi | | ties cially I Following | Form | : Direct Indirect | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | Code | v | Amount | (A) (D) | or Pr | ice | Transa | ction(s) 3 and 4) | | | (11150.4) | |
| Class A Common Stock, par value \$0.001 ⁽¹⁾ 05/15/2 | | | | | 2020 | | | | S ⁽¹⁾ | | 10,000 | D | \$ | 9.65 ⁽²⁾ | 378,606 | | | D | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | rivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any | | | 4. Transaction Code (Instr. 8) | | 5. Nu of Deriv Secu Acqu (A) o Dispo of (D) (Instr and 5 | rities ired r osed) r. 3, 4 | 6. Date Expirati (Month/ | ion Da | Year) Securities Underlying Derivative Security (Ins 3 and 4) Amou | | ınt | | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | y [0 F C C | LO. Dwnership Form: Direct (D) or Indirect I) (Instr. 4) | Beneficial Ownership t (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercisable | | Expiration Date | Title | Numb of Share | | | | | | |

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 a weighted average sales price ranging from \$9.51 to \$9.77. The reporting person agrees to provide, upon request by the Staff of the Securities and Exchange Commission, ANGI or an ANGI security holder, information regarding the number of shares sold at each separate price

Tanya M. Stanich as Attorney-05/19/2020 in-Fact for Angela R. Hicks

** 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.