FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

| Washington, | D.C. 20549 |
|-------------|------------|
|-------------|------------|

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

| 1. Name and Address of Reporting Person*  Lowrie Allison   |  |  |  |             | 2. Issuer Name and Ticker or Trading Symbol ANGI Homeservices Inc. [ ANGI ] |   |   |   |                     |           |   |               | (Check                                   | all app   | ionship of Reportir<br>all applicable)<br>Director<br>Officer (give title  |   | n(s) to Is  10% Ov Other (s | wner                                  |   |  |
|--|--|--|--|-------------|---|---|---|---|---------------------|-----------|---|---------------|--|---|--|---|-----------------------------|---------------------------------------|---|--|
| (Last) (First) (Middle) C/O ANGI HOMESERVICES INC.   |  |  |  |             |   | 3. Date of Earliest Transaction (Month/Day/Year) 09/02/2020 |   |   |                     |           |   |               |  | X   | below  | ı) ``   | below)                      |                                       | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |  |
| 3601 WALNUT STREET, SUITE 700  (Street)  DENVER CO 80205   |  |  |  |             | 4. If #   | 4. If Amendment, Date of Original Filed (Month/Day/Year)    |   |   |                     |           |   |               |  | 6. Indiv<br>Line)<br>X  | ·  |   |                             |                                       |   |  |
| (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/N                                      |  |  |  | on<br>Year) | n 2A. Deemed<br>Execution Date,   |   | 3. Transaction Code (Instr. 8)  4. Securities Disposed Of |   | Acquir              | ed (A) or | or 5. Am<br>and 5) Secur<br>Bene  |               | ount of<br>ties<br>cially<br>I Following | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4) |  | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |                             |                                       |   |  |
|  |  |  |  |             |   |   |   |   | Code                | v         | Amount  | (A) or<br>(D) | Price                                    |   | Transa<br>(Instr.  | ction(s)<br>3 and 4)  |                             |                                       | , ,                                     |  |
| Class A Common Stock, par value \$0.001 09/02/200  |  |  |  |             | )20   |   |   |   | S                   |           | 105,051   | D             | \$14.                                    | .65(1)  | 0  |   | Г                           | )                                     |   |  |
|  | 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)  | Derivative Conversion Date Security or Exercise (Month/Day/Year) Execution Date, if any  |  |  |             | ansaction of ode (Instr. Derivative   |   | vative<br>rities<br>pired<br>r<br>osed<br>)               | 6. Date Exercisable and Expiration Date |                     |           | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Inst<br>3 and 4) |               | Deri<br>Sec<br>(Ins                      | rice of<br>ivative<br>urity<br>tr. 5)                             | 9. Number<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction<br>(Instr. 4) | Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) |                             | Beneficial<br>Ownership<br>(Instr. 4) |   |  |
|  |  |  |  | Code        |   | v   | (A)   | (D)                                     | Date<br>Exercisable |           | Expiration<br>Date  | Title         | Numbe<br>of<br>Shares                    | r   |  |   |                             |                                       |   |  |

## **Explanation of Responses:**

1. The price reflects the weighted average of sales made at prices ranging from \$14.57 to \$14.76. 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 Attorneyin-Fact for Allison Lowrie

\*\* 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.