FORM 4

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

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

washington, b.c. 20040	OMB APPROVAL			
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-0		
OTATION OF OTTATIONAL OWNER OF THE	Estimated average burden			

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*  BEITHON PATRICIA A						2. Issuer Name and Ticker or Trading Symbol APOGEE ENTERPRISES INC [ APOG ]									Check a	ionship of Reporting all applicable) Director Officer (give title		g Persor	Person(s) to Issuer  10% Owner Other (spec	
(Last) 7900 XEI SUITE 18		rst) ( NUE SOUTH	Middle)				of Earlie 2011	st Trans	saction (Month/Day/Year)						X	belov	v)	retary	below)	
(Street)	APOLIS M		55431-11 Zip)	59	4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)						. Individine)	idual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person							
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
Date					2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Disp Code (Instr. 5)		Disposed	Gecurities Acquired (A) posed Of (D) (Instr. 3, 4			4 and Se Be		5. Amount of Securities Beneficially Owned Following Reported		rship irect direct . 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount		(A) or (D)	Price	, lī	Transa	action(s) 3 and 4)			()
Common	Stock			02/18	8/2011				F		4,672		D	\$14	1.62	14	0,462(1)	Γ	)	
Common	Stock															2	,507 <sup>(2)</sup>	I		401(k) Plan
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of Derivative Security  2. Conversion or Exercise Price of Derivative Security  3. Transaction Date (Month/Day/Year) (Month/Day/Year) (Month/Day/Y		Date,	4. Transaction Code (Instr. 8)		of Deriving Security (A) of Disput of (Disput)	of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)  Date Expiration			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		t		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owr Forr Dire or Ir (I) (I	ership n: ct (D) direct nstr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		

## **Explanation of Responses:**

- 1. Includes shares acquired under the ESPP as of 12/31/10, shares of restricted stock granted under the Partnership Plan, performance shares and shares distributed from the Partnership Plan that are now
- 2. Represents the approximate number of shares of common stock for which the Reporting Person has the right to direct the vote under the Apogee 401(k) Retirement Plan per the Trustee's 12/31/10 statement. Shares of common stock are not directly allocated to the Plan participants, but are instead held in a unitized fund consisting primarily of common stock and a small percentage of short-term investments. Participants acquire units in this fund.

/s/ Judith A. Stone, Attorneyin-Fact for Patricia A. Beithon

02/22/2011

\*\* 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.