FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 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

| 1. Name and Address of Reporting Person* PORTER JAMES S | | | | | | 2. Issuer Name and Ticker or Trading Symbol APOGEE ENTERPRISES INC [APOG] | | | | | | | | 5. Relationship of Rep (Check all applicable) Director Officer (give | | | 10% | | ssuer Owner (specify |
|--|--|--|--|------------------------------|-----------|--|------|------------------|------------------------|---|---|---------------|--|---|--|--|--|--|----------------------------|
| (Last) (First) (Middle) 7900 XERXES AVENUE SOUTH SUITE 1800 | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/16/2006 | | | | | | | | X Officer (give title Officer Specify below) Chief Financial Officer | | | | | |
| (Street) MINNEAPOLIS MN 55431-1159 | | | | | _ 4. If | | | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | son |
| (City) (State) (Zip) | | | | | | | | | | | | | | | | | | | |
| Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye | | | | | on | 2A. Deemed Execution Date | | | 3. Transa Code (| ction | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an | | | 5. Amount of | | Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of ndirect Beneficial Ownership | |
| | | | | | | | | İ | Code | v | Amount | (A) or (D) | Price | | Transaci (Instr. 3 | tion(s) | | | Instr. 4) |
| Common Stock 10/11/2 | | | | | 006 | 06 | | | | V | 100 | D | \$0 | | 49,511 | | | D | |
| Common Stock | | | | 10/11/2006 | | | | | G | V | 150 | D | \$0 | 49 | | ,361 | | D | |
| Common Stock | | | | 10/11/2006 | | | | | G | V | 400 | D | \$0 | | 48,961(1) | | D | | |
| Common Stock | | | | | | | | | | | | | | | 1,1 | 72 ⁽²⁾ | | | 401(k) Plan |
| Common Stock 11/16/20 | | | | 006 |)6 | | | A ⁽³⁾ | | 77 | A \$18.0933 | | 933 | 20,810 | | | | Partnership Plan Trust | |
| | 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) | ive Conversion Date Execution Date, or Exercise (Month/Day/Year) if any | | | 4. Transa Code (8) | | 5. Nur of Deriva Secur Acqui (A) or Dispo of (D) (Instr. and 5) | Expi | ration E | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) Amount or Number of Title Shares | | Di Se (li | 8. Price of Derivative Security (Instr. 5) Benef Owne Follow Report Trans (Instr. | | e S Illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |

Explanation of Responses:

- 1. Includes shares acquired under the ESPP as of 9/30/06, shares of restricted stock granted under the Partnership Plan, restricted stock awards under the Omnibus Stock Incentive Plan, performance shares and shares distributed from the Partnership Plan that are now directly owned.
- 2. Shares acquired under the 401(k) retirement plan as of 09/30/06.
- 3. Shares acquired pursuant to a dividend reinvestment feature of the Partnership Plan.

/s/ Patricia A. Beithon,

11/17/2006 Attorney-in-Fact for James S.

Porter

** 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.