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 CHA | ANGES IN BENE | FICIAL OWN | ERSHIP |
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OMB APPROVAL

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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* <u>ALDRICH BERNARD P</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol APOGEE ENTERPRISES, INC. [APOG] | | | | | | | | Relationsh Check all ap X Dire | • | ng Per | son(s) to Iss | |
|---|---|--|-------------------------|--|--|---------|----------------------------------|--|---|--|---------------------------|--|--|----------------------|--|--|---------|
| (Last) (First) (Middle) 9085 BRECKENRIDGE LANE | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/30/2014 | | | | | | | | Offic belo | er (give title w) | | Other (s below) | specify |
| (Street) EDEN PRAIRIE MN 55347 | | | 4. 1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | ne) X Forr Forr | al or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (5) | - | (Zip) | rivative | e Sec | curitie | es Ac | cauired. D | Dispo | osed (| of. or Be | enefici | ally Own | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | ansaction hth/Day/Ye | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transact Code (In 8) | str. | 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5) | | red (A) or str. 3, 4 a | 5. Am Secur Benef Owne Repor Trans (Instr. | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | | n: Direct r Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | Т | able II - Deri (e.g. | | | | | juired, Dis s, options | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | Execution Date, if any | Code (| Transaction Code (Instr. | | rative rities ired rosed) | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Code | v | (A) | (D) | Date Exercisable | Exp Date | oiration e | Title | Amount or Number of Shares | | | | | |
| Phantom Stock Units ⁽¹⁾ | \$0 ⁽²⁾ | 09/30/2014 | | A ⁽³⁾ | | 117 | | (1) | | (1) | Common Stock | 117 | \$39.8 | 46,697 | , | D | |

Explanation of Responses:

- 1. The phantom stock units were allocated under the Deferred Compensation Plan for Non-Employee Directors. The units of phantom stock will be settled in shares of common stock following the director's termination from the Board in accordance with the election of the reporting person, or following the occurrence of other events specified in the Plan.
- 3. Units acquired pursuant to a dividend equivalent reinvestment feature of the Deferred Compensation Plan for Non-Employee Directors.

/s/ Patricia A. Beithon,

Attorney-in-Fact for Bernard P. 10/01/2014 Aldrich

** 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.