FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL										
OMB Number	3235-02									

287 Estimated average burden 0.5 hours per response:

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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>HUFFER RUSSELL</u>						2. Issuer Name and Ticker or Trading Symbol APOGEE ENTERPRISES INC [APOG]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (sive title Other (specify)					
(Last) 7900 XE SUITE 1	RXES AVE	irst) ENUE SOUTH	(Middle)				of Earlies /2007	t Transa	saction (Month/Day/Year)					below)	Officer (give title below) Chairman of Board, CEO, Pres				
(Street)	APOLIS M	IN	55431-11	159		4. If Amendment, Date of 04/16/2007				al Filed	i (Month/Day/	Line	6. Individual or Joint/Group Filing (Check Application) X Form filed by One Reporting Person Form filed by More than One Reporting Person				on		
(City)	(S	itate)	(Zip)																
1. Title of Security (Instr. 3) 2. Tran			rivativ saction //Day/Ye	ear) i	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr.					5. Amount Securities Beneficially Owned Foll		6. Owner Form: D	Direct Indirect	7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)				Instr. 4)	
Common Stock 04/16/				6/200	2007			M/K		71,990	A	\$13.1	303,297		D				
Common Stock 04/16			6/200	2007			F/K		39,977	D	\$23.59	263,3	20	D					
Common Stock			04/1	04/16/2007				F/K		14,182	D	\$23.59	249,138(1)		D				
Common Stock													32,560		I		By Spouse		
Common Stock													7,851	(2)	I		401(k) Plan		
Common Stock												62,869		I		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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)				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)		10. Ownersh Form: Direct (D or Indirec (I) (Instr.	Beneficial Ownership ct (Instr. 4)		
					Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4				
Employee Option to Buy	\$13.1	04/16/2007			M/K			71,990		3)	06/18/2012	Common Stock	71,990	\$0		0	D		
Employee Option to Buy	\$24.06 ⁽⁴⁾	04/16/2007			A		54,159		10/16	5/2007	06/18/2012	Common Stock	54,159	\$0	54,159		D		

Explanation of Responses:

- 1. Includes shares acquired under the ESPP as of 3/31/07, shares of restricted stock granted under the Partnership Plan, performance shares and shares distributed from the Partnership Plan that are now directly
- 2. Shares acquired under the 401(k) retirement plan as of 3/31/07.
- 3. Currently 100% exercisable.
- 4. Incorrect option reload price used; number of option shares remained same.

/s/ Russell Huffer 04/27/2007

** 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.