FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL								
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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

Name and Address of Reporting Person* HUFFER RUSSELL						2. Issuer Name and Ticker or Trading Symbol APOGEE ENTERPRISES INC [APOG]											5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
						3.	Date	of E	arlies	Trar	nsacti	ion (Mo	nth/Day/Y	ear))		7	•	Direct Office	tor er (give tit	le		Owner er (specify		
(Last)	(First)	(N	/lidd	ile)	08	8/27	/200)3									X	belov			belo	` '		
7900 XERXES AVENUE SOUTH																		Chairman of Board, CEO, Pres							
SUITE 1800					4.	4. If Amendment, Date of Original Filed (Month/Day/Year)												6. Individual or Joint/Group Filing (Check Applicable							
(Street)																		Line) X Form filed by One Reporting Person							
MINNEAPOLIS MN 55431-1159				Form filed by More than One Reporting Person																					
(City)	(State	e) (Z	ip)																					
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																									
Date				2. Transaction Date (Month/Day/Yea	ar)	2A. Deemed Execution Date if any (Month/Day/Yea			Code (Instr.			4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)					ı	5. Amou Securitie Benefici Owned	es ally	6. Ownership Form: Direct (D) or Indirect (I)		7. Nature of Indirect Beneficial Ownership			
											Code V		Amount		(A) or (D)	Price			Following Reported Transaction(s) (Instr. 3 and 4)		(Insti	. 4)	(Instr. 4)		
Common Stock																		76,5	93(1)		D				
Common Stock																		50,	310		I	By Spouse			
Common Stock																		3,0	000		I	By Son			
Common	Stock																		7,8	51(2)		Ι	401(k) Plan		
Common Stock 08/27/200				08/27/2003	3							346		A \$11		.155	57 67,422		122		I	Partnership 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 Date Office of Derivative Security 3. Transaction Date Execution Date if any (Month/Day/Year) (Month/Day/Year)					. Deemed ecution Date,	4. Transaction Code (Instr. 8)		ion	5. Number of Derivativ Securitie Acquired (A) or Disposed of (D) (Instr. 3, and 5)		6. E Exp (Mc		ercisable and Date		7. Title and Amount of Securities Underlying Derivative Security (In 3 and 4)		ıstr.	of Do Se	Price erivative ecurity estr. 5)	9. Number derivative Securitie Beneficia Owned Followin Reported Transacti (Instr. 4)	e es ally g	10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4)	Beneficial Ownership		
						Cod	ie	v	(A)	(D)	Dat Exe	te ercisabl	Expirat e Date	ion	Title	or	ount mber ires								

Explanation of Responses:

- 1. Includes shares acquired under the ESPP as of 3/31/03, shares of restricted stock granted under the Partnership Plan, and shares distributed from the Partnership Plan that are now directly owned.
- 2. Shares acquired under the 401(k) retirement plan as of 3/31/03.
- 3. Shares acquired pursuant to a dividend reinvestment feature of the Partnership Plan.

<u>/s/ Russell Huffer</u> <u>08/27/2003</u>

** 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.