Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| STATEMENT | OF CHANGES IN | I BENEFICIAL | OWNERSHIP |
|-----------|---------------|--------------|-----------|
| | | | |

| | OMB APPROVAL | | | | | | | | |
|---|--------------------------|-----|--|--|--|--|--|--|--|
| | OMB Number: 3235-0287 | | | | | | | | |
| | Estimated average burden | | | | | | | | |
| ı | 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* JOHNSON GARY ROBERT | | | | | 2. Issuer Name and Ticker or Trading Symbol APOGEE ENTERPRISES, INC. [APOG] | | | | | | | | | Check | ionship of Reportir all applicable) Director Officer (give title | | ng Pe | rson(s) to Is 10% O Other (| wner |
|---|--|-------|--------------------|--|---|----------------------------------|--------|---|------------------------------|--|-------------------|--|-----------------------|--|---|-------------------------------|---|---|-----------|
| (Last) (First) (Middle) 4400 WEST 78TH STREET SUITE 520 | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/27/2021 | | | | | | | | | X | belov | | | below) | ` |
| (Street) MINNEAPOLIS MN 55435 (City) (State) (Zip) | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | i. Indiv ine) X | ′ | | | | | |
| | | Table | 1 - 1 | Non-Deriva | tive | Secui | rities | Ac | quir | ed, D | isposed c | f, or I | 3enefic | ially | Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yea | | | | ear) it | 2A. Deemed Execution Date, if any (Month/Day/Year) | | , | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 ar | | | nd 5) Secu Bend | | icially d Following | Forr (D) (Indi | wnership m: Direct or rect (I) tr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | - | Code | v | Amount | (A) or (D) | Price | | Transa | insaction(s) str. 3 and 4) | | 11301. 4) | (1130.14) |
| Common Stock 04/27/2021 | | | | 21 | | | S | 1,181 D \$3 | | \$35.79 | 29 ⁽¹⁾ | 29(1) 46,006(2) | | | D | | | | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | |
| Derivative Security (Instr. 3) Date or Exercise Price of Derivative Security Date (Month/Day/Year) Execution Date, if any (Month/Day/Year) | | | saction (Instr. | | | Expiration Date (Month/Day/Year) | | Amo Secu Unde Deriv Secu 3 and | Amount or Number of | nt er | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |

Explanation of Responses:

- 1. The price reported is the weighted average sale price for the transactions reported. The prices received ranged from \$35.7701 to \$35.795. The Reporting Person will provide to the issuer, a security holder of the issuer, or the SEC staff, upon request, full information regarding the number of shares sold at each price within the range.
- 2. Includes shares acquired under the Employee Stock Purchase Plan as of 3/31/21 and shares of restricted stock granted under the 2009 Stock Incentive Plan and 2019 Stock Incentive Plan.

Remarks:

04/27/2021

** Signature of Reporting Person

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.