FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | |
| Estimated average burden | | | | | | | |
| hours per response: | 0.5 | | | | | | |

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* CLAUER MICHAEL B (Last) (First) (Middle) 7900 XERXES AVENUE SOUTH SUITE 1800 (Street) | | | | | | Issuer Name and Ticker or Trading Symbol APOGEE ENTERPRISES INC [APOG] One of Earliest Transaction (Month/Day/Year) 08/27/2003 If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify below) below) Executive Vice President & CFO 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | |
|---|---|--------|--------------|------------|---|--|---------------------------------|--------------|---|---|---|---------------|--|--|--|---------------------|---|-------------------------|---|
| MINNEAPOLIS MN 55431-1159 (City) (State) (Zip) | | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year | | | | | Exe ar) if a | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 : 5) | | | Beneficially Owned Following | | es ally ng | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | | | ode | v | Amount | (A) or (D) | Price | | Reported Transaction(s) (Instr. 3 and 4) | | | | |
| Common | Stock | \top | | | | | | | П | | | | | 31,931(1) | | | D | | |
| Common Stock | | | | 08/27/2003 | 03 | | | | A ⁽²⁾ | | 149 | A | \$11.15 | 57 | 29,047 | | | 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) | ative Conversion Date Execution Date or Exercise (Month/Day/Year) if any | | cution Date, | Code (I | ransaction of Derivat Securit (A) or Dispos of (D) (Instr. : and 5) | | ative rities ired osed | Expi (Mon | ration hth/Day | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) Amoun or Numbe of Title Shares | | 8. Price of Derivative Security (Instr. 5) | | 9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4) | e s illy g | 10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4) | Beneficial Ownership | |

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 directed owned.
- 2. Shares acquired pursuant to a dividend reinvestment feature of the Partnership Plan.

<u>/s/ Michael B. Clauer</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.