FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-028							
Estimated average b	ourden							

0.5

hours per response:

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

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>Hays Sara L</u>				2. Issuer Name and Ticker or Trading Symbol APOGEE ENTERPRISES, INC. [APOG]								(Ch	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
				<u> </u>								X Direct	or		10% O	wner				
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 06/30/2019							1	Office below	r (give title)		Other (below)	specify		
C/O APOGEE ENTERPRISES, INC.					100/	JU/ 2	2013							1						
4400 WEST 78TH STREET, SUITE 520																				
——————————————————————————————————————					4. If	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 55435												Form filed by More than One Reporting Person								
(City)	(Si	tate) ((Zip)																	
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da			eay/Year) Exe		Execution if any	2A. Deemed Execution Date, f any (Month/Day/Year		Transaction Disposed Code (Instr. 5)		rities Acquired (A) ed Of (D) (Instr. 3, 4			Benefic Owned	es ially Following	Forn (D) o	wnership n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership			
								Code	v	Amount	(A) or (D) Pr		Price	Transac (Instr. 3	tion(s)			(Instr. 4)		
	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. Deeme Execution if any (Month/Da	Date,	4. Transaction Code (Instr 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Securi (Instr. 3 and 4)		urity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	у	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisabl		epiration	Title	or	ount nber ires						
Phantom Stock Units ⁽¹⁾	\$0.00 ⁽²⁾	06/30/2019			A ⁽³⁾		89		(1)		(1)	Common Stock	8	39	\$43.44	22,248		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.
- 2. Settled 1-for-1
- 3. Units acquired pursuant to a dividend equivalent reinvestment feature of the Deferred Compensation Plan for Non-Employee Directors.

Remarks:

/s/ Patricia A. Beithon, Attorney-in-Fact for Sara L.

07/02/2019

<u>Hays</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.