FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPROVAL									
	OMB Number:	3235-0287								
l	Estimated average burden									
ı	haira nas saananaa.	0.5								

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

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* <u>BEITHON PATRICIA A</u>					2. Issuer Name and Ticker or Trading Symbol APOGEE ENTERPRISES, INC. [ APOG ]							(Ch	eck all applic Directo Officer	all applicable) Director Officer (give title		Person(s) to Issuer  10% Owner Other (specify		
(Last) 4400 WES SUITE 520	3. Date of Earliest Transaction (Month/Day/Year) 01/03/2017									Secretary								
(Street) MINNEAPOLIS MN 55435 (City) (State) (Zip)					4. lf	4. If Amendment, Date of Original Filed (Month/Day/Year)								ndividual or Joint/Group Filing (Check Applicable  X Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Tab	e I - Noi	n-Deriv	ative	Sec	uriti	es Aca	uired.	Dis	posed of	f. or Ben	eficiall	y Owned				
1. Title of Security (Instr. 3)  2. Transa Date					action 2/ Day/Year) if		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A)			5. Amour Securitie Beneficia Owned F	s illy ollowing	Form	: Direct I · Indirect E str. 4) (	7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	(A) or (D)	Price	Reported Transacti (Instr. 3 a	ion(s)			Instr. 4)
Common S	3/2017	,			М		14,946	i A	\$24.1	9 133,	768(1)		D					
Common Stock 01/03,						017		D		9,492	D	\$55.0	124,276			D		
Common Stock														3,72	22(2)			101(k) Plan
		Т									osed of, onvertib			Owned			'	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	Date,	4. Transaction Code (Instr 8)		on of		6. Date Exercis Expiration Date (Month/Day/Ye		te	7. Title and Amoun of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e Over Service Ove	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amount or Number of Shares					
Stock Appreciation	\$24.19	01/03/2017			М			14,946	(3)		05/01/2017	Common Stock	14,946	\$0.00	0		D	

## **Explanation of Responses:**

- 1. Includes shares acquired under the Employee Stock Purchase Plan as of 12/31/16 and shares of restricted stock granted under the Amended and Restated 2002 Omnibus Stock Incentive Plan and 2009 Stock Incentive Plan
- 2. Represents the approximate number of shares of common stock for which the Reporting Person has the right to direct the vote under the Apogee 401(k) Retirement Plan per the Trustee's 12/31/16 statement. Shares of common stock are not directly allocated to the Plan participants, but are instead held in a unitized fund consisting primarily of common stock and a small percentage of short-term investments. participants acquire units in this fund.
- 3. Currently 100% exercisable.

## Remarks:

/s/ Patricia A. Beithon

01/05/2017

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.