## Edgar Filing: APOGEE ENTERPRISES, INC. - Form 4

Form 4	NTERPRISES, IN	IC.									
April 28, 2015 FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549									PROVAL 3235-0287		
Check this box if no longer subject to Section 16. SECURITIES Expires: Expires: Expires: Expires:							Expires: Estimated a burden hou response	urs per			
(Print or Type F	Responses)										
1. Name and Address of Reporting Person <u>*</u> BEITHON PATRICIA A			2. Issuer Name <b>and</b> Ticker or Trading Symbol APOGEE ENTERPRISES, INC. [APOG]				-	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) 4400 WEST 520	(First) (1	Middle)	3. Date of (Month/D 04/26/20	-	ansaction			Director X Officer (give below)		Owner er (specify	
	(Street) 4. If Amendment, Date Original Filed(Month/Day/Year)				<ul> <li>6. Individual or Joint/Group Filing(Check Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>						
MINNEAPO	DLIS, MN 55435							Person	lore than One Re	porting	
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Executio any		3. Transactio Code (Instr. 8)	(Instr. 3,	ispose 4 and (A) or	d of (D) 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect	
Common Stock	04/26/2015			Code V F	1,136	D)	Price \$ 53.48	191,342 <u>(1)</u>	D		
Common Stock								3,576 <u>(2)</u>	Ι	401(k) Plan	

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

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 control number.

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 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)	4. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Date	Unde Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Addre	ess	Relationships						
	Director	10% Owner	Officer	Other				
BEITHON PATRICIA A 4400 WEST 78TH STREET SUITE 520 MINNEAPOLIS, MN 5543	-		Secretary					
Signatures								
/s/ Patricia A. Beithon	04/28/2015							
<b>**</b> Signature of	Date							

## **Explanation of Responses:**

- \* 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).
- (1) Includes shares acquired under the Employee Stock Purchase Plan as of 3/31/15 and shares of restricted stock granted under the Amended and Restated 2002 Omnibus Stock Incentive Plan and 2009 Stock Incentive Plan.

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 3/31/15 statement. Shares of common stock are not directly allocated to the Plan

(2) Apoge 401(k) Kentenent that per the trustee's 3/3/1/3 statement. Shates of common stock are not directly anotated to the reparticipants, 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.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

Reporting Person