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

APOGEE EN Form 4 April 04, 201	TERPRISES, I 7	NC.											
FORM	FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									OMB APPROVAL			
<b>CURIVI 4</b> UNITED STATES SECURITIES AND EXCHANGE CO Washington, D.C. 20549						COMMISSION	OMB Number:	3235-0287					
Check thi if no long	<b></b>									Expires:	January 31,		
subject to STATEMENT OF CHANGE						BENEFI TIES	CIAI	Estimated average burden hours per					
Form 4 or							_			response	. 0.5		
Form 5 obligation may conti <i>See</i> Instru 1(b).	$\frac{1}{1}$ Section 17	(a) of the		ility H	oldi	ing Com	pany	Act o	ge Act of 1934, f 1935 or Sectio 40	'n			
(Print or Type R	(esponses)												
× 71	1												
1. Name and Address of Reporting Person <u>*</u> Hays Sara L			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)				
			4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
CHICAGO,	IL 60647									More than One Re			
(City)	(State)	(Zip)	Table	I Nor	• Do	uivotivo C		tion A or		f or Donoficial	ly Owned		
	<b>`</b>				1-De			ues Aco	quired, Disposed o		-		
1.Title of Security (Instr. 3)	(Month/Day/Year)       Execution Date, if       TransactionAcquired (A) or       Securities         any       Code       Disposed of (D)       Beneficial         (Month/Day/Year)       (Instr. 8)       (Instr. 3, 4 and 5)       Owned         Following       Reported       (A)       (A)		Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)									
				Code	V	Amount	or (D)	Price	(Instr. 3 and 4)				
Common Stock	02/16/2017			G	V	900	D	\$0	20,436 <u>(1)</u>	D			

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.

 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. Transa Code (Instr.	<ol> <li>5.</li> <li>5.</li> <li>5.</li> <li>5.</li> <li>6.</li> <li>7.</li> <li>7.</li> <li>8.</li> <li>7.</li> <li>7.</li> <li>8.</li> <li>7.</li> <li>7</li></ol>		vative rities nired or osed 0) r. 3,	(Month/Day/Year) ive es d d		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)
			Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Phantom Stock Units <u>(2)</u>	\$ 0 <u>(3)</u>	03/31/2017	A <u>(4)</u>		50		(2)	(2)	Common Stock	50	\$ 59.61

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## **Reporting Owners**

Reporting Owner Name / Address				
	Director	10% Owner	Officer	Other
Hays Sara L 2131 WEST SHAKESPEARE AVENUE CHICAGO, IL 60647	Х			
Signatures				
/s/ Patricia A. Beithon, Attorney-in-Fact for Hays	or Sara L.	(	04/04/20	17
<u>**</u> Signature of Reporting Person			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 restricted stock awards under the 2009 Non-Employee Director Stock Incentive Plan.

The phantom stock units were allocated under the Deferred Compensation Plan for Non-Employee Directors. The units of phantom stock(2) 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.

(3) Settled 1-for-1.

(4) Units acquired pursuant to a dividend equivalent reinvestment feature of the Deferred Compensation Plan for Non-Employee Directors.

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.