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APOGEE I Form 4 April 04, 20	ENTERPRISES, II 017	NC.								
FOR	ЛД								PPROVAL	
	UNITED	STATES		RITIES . shingtor			E COMMISSIO	N OMB Number:	3235-0287 January 31,	
if no lo subject Section Form 4	to STATEM 16. or									
Form 5 obligati may co <i>See</i> Inst 1(b).	ons ntinue. Section 17(a) of the l	Public U	Itility Ho	lding Co		ange Act of 1934, t of 1935 or Secti 1940			
(Print or Type	Responses)									
1. Name and Address of Reporting Person <u>*</u> MARZEC ROBERT J			Symbol	er Name ar EE ENTI			5. Relationship of Reporting Person(s) to Issuer			
		[APOC			L5, IIIC.	(Check all applicable)				
(Last) (First) (Middle) 36 PARK LANE				of Earliest 7 Day/Year) 2017	Fransactio	n	X_ Director 10% Owner Officer (give title Other (specify below) below)			
(Street)				endment, I onth/Day/Ye	-	nal	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
MINNEAI	POLIS, MN 55416	<u>,</u>					Form filed by Person	More than One R	eporting	
(City)	(State)	(Zip)	Tab	ole I - Non-	Derivativ	e Securities	Acquired, Disposed	of, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any	n Date, if Transa Code Day/Year) (Instr.		4. Securities onAcquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or ' Amount (D) Price		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Reminder: Re	eport on a separate line	e for each cl	ass of sec	urities bend	eficially o	wned directly	or indirectly.			
	,				Pers info requ	ons who re mation con ired to resp lays a curre	espond to the collect tained in this form bond unless the fo ently valid OMB co	n are not rm	GEC 1474 (9-02)	

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned
 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number	6. Date Exercisable and	7. Title and Amount of	8. Price
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onof	Expiration Date	Underlying Securities	Derivativ
Security	or Exercise		any	Code	Derivative	(Month/Day/Year)	(Instr. 3 and 4)	Security

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr.	8)	Securi Acqui (A) or Dispos of (D) (Instr. and 5)	red sed 3, 4,					(Instr. 5)
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Phantom Stock Units <u>(1)</u>	\$ 0 <u>(2)</u>	03/31/2017		A		336		<u>(1)</u>	<u>(1)</u>	Common Stock	336	\$ 59.6
Phantom Stock Units <u>(1)</u>	\$ 0 <u>(2)</u>	03/31/2017		A <u>(3)</u>		34		<u>(1)</u>	<u>(1)</u>	Common Stock	34	\$ 59.6

Reporting Owners

Reporting Owner Name / Address		Relationsh	ips	
I B	Director	10% Owner	Officer	Other
MARZEC ROBERT J				
36 PARK LANE	Х			
MINNEAPOLIS, MN 55416				
Signatures				
/s/ Patricia A. Beithon, Attorne Marzec		04/04/2017		
<u>**</u> Signature of Repo		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).
- The phantom stock units were allocated under the Deferred Compensation Plan for Non-Employee Directors. The units of phantom stock(1) 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.

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.