FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL        |           |  |  |  |  |  |  |  |  |
|---------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number:         | 3235-0287 |  |  |  |  |  |  |  |  |
| Estimated average b | urden     |  |  |  |  |  |  |  |  |
| hours per response: | 0.5       |  |  |  |  |  |  |  |  |

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

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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*  Jewell Brent C  (Last) (First) (Middle)  |   |       |        |  |                 | 2. Issuer Name and Ticker or Trading Symbol APOGEE ENTERPRISES, INC. [ APOG ]  3. Date of Earliest Transaction (Month/Day/Year) 07/12/2023 |        |        |   |                   |                     |   |         |  |   | blicable)<br>tor<br>er (give title<br>v)                           |                              | erson(s) to I  10% Or  Other (solution)  AFS                      | wner |  |
|--|---|-------|--------|--|-----------------|--|--------|--------|---|-------------------|---------------------|---|---------|--|---|--|------------------------------|---|------|--|
| 4400 WEST 78TH STREET SUITE 520  |   |       |        |  |                 | 4. If Amendment, Date of Original Filed (Month/Day/Year)   |        |        |   |                   |                     |   |         |  | President, AFS  6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person |  |                              |   |      |  |
| (Street) MINNEAPOLIS MN 55435  |   |       |        |  |                 |  |        |        |   |                   |                     |   |         |  | Form filed by More than One Reporting<br>Person   |  |                              |   |      |  |
| (City)   | Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. |       |        |  |                 |  |        |        |   |                   |                     |   |         |  |   |  |                              |   |      |  |
|  |   | Table | I - No | on-Deriva  | tive S          | ecui   | rities | Acc    | quired  | , Dis             | sposed of           | f, or E   | Benefic | ially  | Owr   | ned  |                              |   |      |  |
| 1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Y  |   |       |        |  | Execution Date, |  |        |        |   |                   |                     | Acquired (A) or<br>f (D) (Instr. 3, 4 ar  |         | Securi<br>Benefi<br>Owned<br>Follow            | cially<br>d<br>ving   | Fori<br>(D) (<br>Indi  | m: Direct<br>or<br>irect (I) | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |      |  |
|  |   |       |        |  |                 |  |        | Code V |   | Amount            | (A) or<br>(D)       | Price   |         | Reported<br>Transaction(s)<br>(Instr. 3 and 4) |   |  |                              |   |      |  |
| Common   | Stock   | 23    |        |  | S               |  | 3,250  | D      | \$48.7  | 72 <sup>(1)</sup> |                     | 7,566   |         | I  | By Trust  |  |                              |   |      |  |
| Common   | Stock   |       |        |  |                 |  |        |        | 21,469 <sup>(2)</sup>   |                   | ,469 <sup>(2)</sup> | D   |         |  |   |  |                              |   |      |  |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |   |       |        |  |                 |  |        |        |   |                   |                     |   |         |  |   |  |                              |   |      |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)  |   |       |        | ssaction of Control of |                 |  |        |        | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)  Amount or Number of Title Shares |                   | Deriv<br>Secu       | 8. Price of Derivative Security (Instr. 5)  (Instr. 5)  9. Numbe derivative Securities Securities Beneficia Owned Following Reported Transacti (Instr. 4) |         | у  | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4)  | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |                              |   |      |  |

## **Explanation of Responses:**

- 1. The price reported is the weighted average sale price for the transactions reported. The prices sold ranged from \$48.69 to \$48.75. The Reporting Person will provide to the issuer, a security holder of the issuer, or the SEC staff, upon request, full information regarding the number of shares sold at each price within the range.
- 2. Includes shares of restricted stock granted under the 2019 Stock Incentive Plan.

## Remarks:

/s/ Meghan M. Elliott, Attorney-in-Fact for Brent C. 07/14/2023 Jewell

\*\* 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.