FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, I | D.C. | 20549 |
|---------------|------|-------|
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| STATEMENT OF CHANGES IN | N BENEFICIAL | OWNERSHIP |
|-------------------------|--------------|-----------|
| | | |

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* Puishys Joseph F. | | | | | | 2. Issuer Name and Ticker or Trading Symbol APOGEE ENTERPRISES, INC. [APOG] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|--|---|--|---------|-----------|---------------------------------|--|--------|------|-------|--|--|--------------------------|--|---|--|--|-----------------|-----------|--|
| (Last) | (Fir | rst) (I | Middle) |) | | 3. Date of Earliest Transaction (Month/Day/Year) 05/02/2018 | | | | | | | | X X | belov | er (give title w) | Other below | (specify | |
| (Street) MINNEAPOLIS MN 55435 (City) (State) (Zip) | | | | | - 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Indiv _ine) X | Forn Forn | dual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| | | Tabl | e I - N | Non-Deriv | ative | Sec | uritie | s Ac | quire | ed, Di | sposed o | f, or E | Benefic | ially (| Owne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye | | | | | Execution Date, | | | | | Acquired (A) or (D) (Instr. 3, 4 and 5) | | | 5. Amount of Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | | Trans | action(s) 3 and 4) | | (11150.4) | |
| Common Stock | | | | | | | | | | | | | | 23 | 34,441 ⁽¹⁾ | D | | | |
| Common Stock 05/02/201 | | | |)18 | 18 | | | P | | 3,000 | A | \$42.2034 ⁽²⁾ | | 15,000 | | I | Family Trust | | |
| 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) (Month/Day/Year) 3A. Deemed Execution Date, if any (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) 4. Transaction Code (Instr. 8) Securit Acquir (A) or Dispos of (D) (Instr. 3 and 5) | | | ative rities ired osed | Expiration Date (Month/Day/Year) Amol Secu Unde Deriv | | | | nt of ties ying | of Deri Section (Inst Version) Amount or Number of | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |

Explanation of Responses:

- 1. Includes restricted stock awards under the 2009 Non-Employee Director Stock Incentive Plan.
- 2. The price reported is the weighted average purchase price for the transactions reported. The prices paid ranged from \$41.87 to \$42.67. 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 purchased at each price within the range.

Remarks:

/s/ Patricia A. Beithon,

05/02/2018 Attorney-in-Fact for Joseph F.

Puishys

** Signature of Reporting Person Date

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

- * 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.