FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT	OF CHANGES I	N BENEFICIAL	OWNERSHIP

	OMB APPRO	OVAL
	OMB Number:	3235-0287
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l	hours per response:	0.5

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

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* MARZEC ROBERT J					2. Issuer Name and Ticker or Trading Symbol APOGEE ENTERPRISES INC [APOG]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
WARZEC ROBERT J				X Di									ector		10% O	wner		
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 03/31/2011									icer (give ow)	title	Other (below)	specify	
36 PARE	LANE																	
					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable					
(Street)													Line)					
	APOLIS M	N	55416										X Fo	rm filed by	y One Re	porting Perso	on	
												Form filed by More than One Reporting Person						
(City)	(S	tate)	(Zip)															
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of S	1. Title of Security (Instr. 3) 2. Transaction 3.																	
Date				Execution Date if any (Month/Day/Yea			te, Transaction Disposed (Code (Instr. 5)		ed Of (D) (In	Of (D) (Instr. 3, 4 and		Securities Beneficially		Form: Direct (D) or Indirect	of Indirect Beneficial			
(Month) L							Ontin Day/ I						Owi	ed Follow		Instr. 4)	Ownership	
								Code	v	Amount	(A) (D)	or Price	Trar	orted saction(s) r. 3 and 4)			(Instr. 4)	
											(0)		(ins	r. 3 and 4)				
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
			(e.ç	g., puts,	calls	s, war	rant	s, options	, co	nverti	ible seci	urities)						
1. Title of	2.	3. Transaction	3A. Deemed	4.		5. Number				le and	7. Title and		8. Price		mber of	10.	11. Nature	
Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any			Transaction of Code (Instr. Deri			Expiration Date Amount of (Month/Day/Year) Securities				Derivati Security				of Indirect Beneficial				
			(Month/Day/Ye		(Securities Acquired					g	(Instr. 5		ficially	Direct (D)	Ownership		
			(A) or		(Instr. 3 and 4)						Follo	wing	or Indirect (I) (Instr. 4)	(Instr. 4)				
								Disposed of (D)							Reported Transaction(s)			
					(Instr. 3, 4								(Instr.					
				and 5)					 		-							
												Amount or						
								D-4-				Number						
				Code	v	(A)	(D)	Date Exercisable	Dat	piration te	Title	of Shares						
Phantom	(2)			(2)						40	Common	60						
Stock Units ⁽¹⁾	\$0 ⁽²⁾	03/31/2011		A ⁽³⁾		62		(1)		(1)	Stock	62	\$13.19	1	0,142	D		

Explanation of Responses:

- 1. The phantom stock units were allocated under the Deferred Compensation Plan for Non-Employee Directors. The units of phantom stock 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. Units acquired pursuant to a dividend equivalent reinvestment feature of the Deferred Compensation Plan for Non-Employee Directors.

/s/ Patricia A. Beithon,

Attorney-in-Fact for Robert J. 04/01/2011

Marzec

** 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.