FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington,	DС	20549
rvasiliigion,	D.C.	20040

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

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

**OMB APPROVAL** 3235-0287 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* <u>Boyce Jane Marie</u>						2. Issuer Name <b>and</b> Ticker or Trading Symbol APOGEE ENTERPRISES, INC. [ APOG ]									all app Direc			10% Ov	vner		
(Last) 4400 W	(Fir 78TH STRI	,	(Middle)				3. Date of Earliest Transaction (Month/Day/Year) 04/19/2024											Other (s below) ale Optica	'		
SUITE 5	20	4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)										
(Street) MINNEAPOLIS MN 55435																X Form filed by One Reporting Person  Form filed by More than One Reporting Person					
(City) (State) (Zip)						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 - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da				tion 2A. Deemed Execution Date,			3. 4. Sec		4. Securitie	ies Acquired (A) o		or 5. Amor and Securiti Benefic Owned		ount of 6. 0 ties For cially (D) I Following (I)		: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership				
						Code	v	Amount	ount (A) or (D)				action(s) 3 and 4)			(Instr. 4)					
Common Stock 04/19/2					2024				A		6,742(1)	A	\$57	557.95 2		3,846 <sup>(2)</sup>		D			
Common	Stock			04/19/2	2024				F		2,013(3)	D	\$57	.95	21,833(2)			D			
Common	Stock														25,499(4)				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)	rivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any				4. Transaction Code (Instr. 8)		of Deriv Secu Acqu (A) o Disp of (D	osed )) r. 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		8. Price o Derivative Security (Instr. 5)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code V		(A)	(D)	Date Exercisable		Expiration Date		Amount or Number of Shares								

## **Explanation of Responses:**

- 1. Performance share units awarded based upon pre-determined financial performance criteria.
- 2. Includes shares of restricted stock granted under the 2019 Stock Incentive Plan.
- 3. Includes the aggregate number of shares withheld for tax liability.
- 4. The reporting person gifted these shares to a trust for the benefit of themselves, with their spouse as a contingent beneficiary. The reporting person is the sole trustee of the trust.

## Remarks:

/s/ Meghan M. Elliott, 04/23/2024 Attorney-in-Fact for Jane M. **Boyce** 

\*\* Signature of Reporting Person

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.