### FORM 5

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

# ANNUAL STATEMENT OF CHANGES IN BENEFICIAL

OMB APP	ROVAL					
OMB Number:	3235-0362					
Estimated average burden						
hours por rosponso:	1.0					

Check	this box if no lo	nger subject			· · · · · · · · · · · · · · · · · · ·	1, 0.0. 20040					OMB AF	יטאאי	/AL
Obliga Instru	ction 16. Form 4 tions may contin ction 1(b). 3 Holdings Repo	ue. See	ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP						Esti	OMB Number: 3235-0362 Estimated average burden hours per response: 1.0			
Form	4 Transactions F	Reported.	Filed			the Securities Exch stment Company A							
1. Name and Address of Reporting Person*  PORTER JAMES S  (Last) (First) (Middle)		2. Issuer Name and Ticker or Trading Symbol     APOGEE ENTERPRISES, INC. [ APOG ]  3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year)				OG ] (C	heck all app Direc X Office below	licable) tor er (give titl v)	10% Owner				
4400 W	EST 78TH S 520	TREET			02/29/2020						i Filialiciai Officei		
(Street) MINNE	APOLIS MI	N !	55435	4. If Amendme	ent, Date of O	riginal Filed (Month	/Day/Ye	ear) 6. Lir	X Form	filed by C	oup Filing (C One Reporti More than O	ng Perso	on
(City)	(Sta	ate) (	Zip)										
		Table	I - Non-Deriva	tive Securit	ies Acqui	red, Disposed	of, o	Benefici	ally Own	ed	-		
1. Title of Security (Instr. 3)		Date (Month/Day/Year)	2A. Deemed Execution Date, if any	3.	4. Securities Acquired (A) or Dispo Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned at end of		6.	7 N	7. Nature of Indirect Beneficial	
2 0. 0	county (mount	,	Date	if any	Transactio Code (Inst	n Of (D) (Instr. 3, 4		t) of Disposet	Securitie Beneficia	es ally	Ownership Form: Dire	lndi ct Ben	rect leficial
	, (	,	Date		Transactio Code (Inst	n Of (D) (Instr. 3, 4		Price	Securitie Beneficia	es ally at end of Fiscal	Ownership	Indi ct Ben Owr	rect
Commor		,	Date	if any	Transactio Code (Inst	Of (D) (Instr. 3, 4	and 5)		Securitie Beneficia Owned a Issuer's Year (Ins 4)	es ally at end of Fiscal	Ownership Form: Dire (D) or Indirect (I)	Indi ct Ben Owr	rect neficial nership
	ı Stock	,	Date (Month/Day/Year)	if any	Transactio Code (Insti	Of (D) (Instr. 3, 4  Amount	(A) or (D)	Price	Securitie Beneficia Owned a Issuer's Year (Ins 4)	es ally at end of Fiscal str. 3 and	Ownership Form: Dire (D) or Indirect (I) (Instr. 4)	Indi ct Ben Owr	rect neficial nership
Commor	ı Stock	,	Date (Month/Day/Year) 07/05/2019	if any	Transactio Code (Insti	Of (D) (Instr. 3, 4  Amount  130	(A) or (D)	Price \$0.00	Securitie Beneficie Owned a Issuer's Year (Ins 4)  117,4	es ally trend of Fiscal str. 3 and	Ownership Form: Dire (D) or Indirect (I) (Instr. 4)	Indi ct Ben Owr	rect neficial nership
Commor	n Stock n Stock	,	Date (Month/Day/Year)  07/05/2019  09/20/2019	if any	Transactio Code (Insti	Of (D) (Instr. 3, 4  Amount  130  225	(A) or (D)	\$0.00 \$0.00	Securitie Benefici: Owned a Issuer's Year (Ins 4)  117,4  116	es ally tt end of Fiscal str. 3 and 462 <sup>(1)</sup>	Ownership Form: Dire (D) or Indirect (I) (Instr. 4)	oct Ben Own (Ins	rect leficial nership tr. 4)
Commor Commor	n Stock n Stock		Date (Month/Day/Year)  07/05/2019  09/20/2019  09/26/2019  ble II - Derivat	if any (Month/Day/Year)	G G G S Acquire	Of (D) (Instr. 3, 4  Amount  130  225  1,000	(A) or (D)  D  D	\$0.00 \$0.00 \$0.00	Securitie Benefici. Owned a Issuer's Year (Ins 4)  117,4  117  116  1,83	es ally trend of Fiscal str. 3 and 462 <sup>(1)</sup> ,237 ,237	Ownership Form: Dire (D) or Indirect (I) (Instr. 4)	Indi Ben Own (Ins	rect leficial nership tr. 4)

## **Explanation of Responses:**

- 1. Includes shares acquired under the Employee Stock Purchase Plan as of 3/31/20 and shares of restricted stock granted under the 2009 Stock Incentive Plan.
- 2. Represents the approximate number of shares of common stock for which the Reporting Person has the right to direct the vote under the Apogee 401(k) Retirement Plan per the Trustee's 2/29/2020 statement. Shares of common stock are not directly allocated to the Plan participants, but are instead held in a unitized fund consisting primarily of common stock and a small percentage of short-term investments. Participants acquire units in this fund.

Exercisable

#### Remarks:

/s/ James S. Porter

03/27/2020

\*\* Signature of Reporting Person Date

Number

Shares

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.