FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

OMB APPROVAL							
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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*  Reynolds Richard VanFleet  2. Date of Event Requiring Statement (Month/Day/Year) 06/28/2006			ent	3. Issuer Name and Ticker or Trading Symbol APOGEE ENTERPRISES INC [ APOG ]							
(Last) (First) 1629 APPLEWOOD DRIVE	(Middle)	_			ionship of Reporting Perso all applicable) Director	son(s) to Issuer		5. If Amendment, Date of Original Filed (Month/Day/Year)			
(Street) BEAVERCREEK OH (City) (State)	45434 (Zip)				Officer (give title below)	Other (spe below)	cify	Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person			
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)					nt of Securities ally Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Common Stock					0	D					
	(e.g				ırities Beneficially ( ptions, convertible		s)				
	1. Title of Derivative Security (Instr. 4)  2. Date Exercisable a Expiration Date (Month/Day/Year)									6. Nature of Indirect Beneficial Ownership (Instr. 5)	
1. Title of Derivative Security (Instr	. 4)	Expiration Da	te		tle and Amount of Securi erlying Derivative Securit		4. Conver or Exer Price o	rcise	5. Ownership Form: Direct (D)	Beneficial Ownership	

**Explanation of Responses:** 

/s/ Patricia A. Beithon, Attorney-in-Fact for Richard V. 06/29/2006 **Reynolds** 

\*\* Signature of Reporting Person

Date

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

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.

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).