FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| l | OMB APPRO | VAL |
|---|------------------------|-----------|
| | 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* <u>BEITHON PATRICIA A</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol APOGEE ENTERPRISES INC [APOG] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify | | | | | | |
|--|--|--|-----------------|-----------|-----------|---|--|------------------|---|------|-------------------------------|---|-----------------------|---|--|--|---|---|---------------------------------------|--|
| | ust) (First) (Middle) 00 XERXES AVENUE SOUTH UITE 1800 | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/11/2004 | | | | | | | | | X Officer (give title Other (specify below) Secretary | | | | | |
| (Street) MINNEAPOLIS MN 55431-1159 | | | | -1159 | _ 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (51 | | Zip) | Non-Deriv | /ative | Saci | uritio | ς Δι | · auir | ed D | isnosad o | of or F | Renefic | ially | Owne | | | | | |
| Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye | | | | | on | 2A. Deemed Execution Date, | | te, | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) or | | | 5. Amount of Securities Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | Ì | Code | v | Amount | (A) or (D) | Price | I | Reported Transact (Instr. 3 a | tion(s) | | | (Instr. 4) | |
| Common Stock 1: | | | | | 004 | 04 | | | G | V | 475 | D | \$0 | 40, | | 925(1) | | D | | |
| Common Stock | | | | | | | | | | | | | | | 1,0 | 04 ⁽²⁾ | | | 401(k) Plan | |
| Common Stock 11/11/20 | | | | 004 |)4 | | | A ⁽³⁾ | | 166 | A | \$14.98 | 32 | 40,021 | | | I | Partnership Trust | | |
| | | Та | ble I | | | | | | | | posed of, convertib | | | | wned | | | | | |
| Derivative Conversion D | | 3. Transaction Date (Month/Day/Year) | Execu if any | | | action (Instr. | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exe Expiration I (Month/Day | | (Year) | 7. Title Amour Securi Underl Deriva Securi and 4) | nt of ties ying | Der Sec | s. Price of Derivative Security Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | Owners Form: Direct (I or Indire (I) (Instr | Ownership | Beneficial Ownership (Instr. 4) | |

Explanation of Responses:

- 1. Includes shares acquired under the ESPP as of 9/30/04, shares of restricted stock granted under the Partnership Plan, and shares distributed from the Partnership Plan that are now directly owned.
- 2. Shares acquired under the 401(k) retirement plan as of 9/30/04.
- 3. Shares acquired pursuant to a dividend reinvestment feature of the Partnership Plan.

/s/ Patricia A. Beithon 11/15/2004

** 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.