Edgar Filing: APOGEE ENTERPRISES INC - Form 4

APOGEE EN Form 4 July 02, 200'	NTERPRISES IN 7	IC										
FORM	-	PPROVAL										
	N OMB Number:	3235-0287										
Check th if no long subject to Section 1 Form 4 o Form 5	ger STATEN 16. or	IENT OF	Estimated burden hoi response	Expires:January 31, 2005Estimated average burden hours per response0.5								
Form 5 obligations may continue. See Instruction 1(b). Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940												
(Print or Type I	Responses)											
1. Name and A ALDRICH	Symbol	er Name an EE ENTE		-	5. Relationship of Reporting Person(s) to Issuer							
			[APOC	3]			(Check all applicable)					
()				of Earliest T Day/Year) 2007	ransaction		X_ Director10% Owner Officer (give titleOther (specify below) below)					
				endment, D onth/Day/Yea	-	ıl	 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 					
MINNEAP	OLIS 55439						Person	More than One R	eporting			
(City)	(State)	(Zip)	Tab	ole I - Non-J	Derivative	Securities A	cquired, Disposed	of, or Beneficia	ally Owned			
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemee Execution I any (Month/Da	Date, if	3. Transactio Code (Instr. 8) Code V	Disposed (Instr. 3, 4	(A) or of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
Domindor: Don	oort on a separate line	for each als	on of soo				ar indirectly					
Kenninder: Kep	on on a separate fine	o for each cla	iss of sec	unties bene	Perso inforn requir	ns who res nation cont red to respo ivs a curre	spond to the colle tained in this form ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)			
	Tab					posed of, or convertible :	Beneficially Ownersecurities)	d				

1. Title of	2.	3. Transaction Date	3A. Deemed	4. 5.1	Number	6. Date Exercisable and Expiration	7. Title and Amount of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactionof		Date	Underlying Securities

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8	8)	Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		(Month/Day/Year)		(Instr. 3 and 4)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Phantom Stock Units <u>(1)</u>	\$ 0 <u>(2)</u>	06/29/2007		A		612		08/08/1988 <u>(1)</u>	08/08/1988 <u>(1)</u>	Common Stock	612
Phantom Stock Units <u>(1)</u>	\$ 0 <u>(2)</u>	06/29/2007		A <u>(3)</u>		51		08/08/1988 <u>(1)</u>	08/08/1988 <u>(1)</u>	Common Stock	51

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
ALDRICH BERNARD P RIMAGE CORPORATION 7725 WASHINGTON AVENUE SOUTH MINNEAPOLIS 55439	Х						
Signatures							
/s/ Patricia A. Beithon, Attorney-in-Fact for Aldrich	07/0)2/2007					
**Signature of Reporting Person	I	Date					

Explanation of Responses:

- 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).

The phantom stock units were allocated under the Deferred Compensation Plan for Non-Employee Directors. The units of phantom stock

- (1) will be settled in shares of common stock following the director's termination from the Board or death, or following the occurrence of other events specified in the Plan.
- (2) Settled 1-for-1

(3) Units acquired pursuant to a dividend equivalent reinvestment feature of the Deferred Compensation Plan for Non-Employee Directors.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.