Edgar Filing: PORTER JAMES S - Form 4/A

PORTER JA	AMES S										
Form 4/A											
April 17, 20											
FORM	14	отатро	SECU	DITIES		CIL	NCE	COMMISSION	-	APPROVAL	
	UNITED	SIAIES		shington			ANGE (OMB Number:	3235-0287	
Check th if no lon	ger								Expires:	January 31 2005	
subject t Section Form 4 o Form 5			SECUI	RITIES			NERSHIP OF	Estimated burden he response	d average ours per		
obligation may con <i>See</i> Instr 1(b).	ons Section 17(a) of the l	Public U		ding Co	mpan	y Act o	ge Act of 1934, f 1935 or Sectio 40)n		
(Print or Type	Responses)										
1. Name and Address of Reporting Person <u>*</u> PORTER JAMES S			2. Issuer Name and Ticker or Trading Symbol APOGEE ENTERPRISES INC				C	5. Relationship of Reporting Person(s) to Issuer			
			[APOGEE ENTERPRISES INC [APOG]					(Check all applicable)			
(Last) (First) (Middle)			3. Date of Earliest Transaction (Month/Day/Year)					Director 10% Owner X Officer (give title Other (specify below) below)			
7900 XERX SOUTH, S	XES AVENUE UITE 1800		03/03/2	2007				· · · · · · · · · · · · · · · · · · ·	Financial Of	ficer	
Fil			Filed(Mo	4. If Amendment, Date Original Filed(Month/Day/Year) 03/06/2007				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
MINNEAP	OLIS, MN 55431	-1159	05/00/2	2007				Form filed by Person			
(City)	(State)	(Zip)	Tab	le I - Non-l	Derivative	Secu	rities Aco	quired, Disposed o	of, or Benefic	ially Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deem Execution any (Month/D	Date, if	3. Transactic Code (Instr. 8) Code V	(Instr. 3,	spose	d 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)	
Common Stock				Code (7 infount		Thee	51,691 (1) (2) (4)	D		
Common Stock								1,172 <u>(3)</u>	I	401(k) Plan	
Common Stock	03/03/2007			F	1,151	D	\$ 19.71	17,195 <u>(2)</u>	Ι	Partnership Plan Trust	

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

Persons who respond to the collection of information contained in this form are not (9-02) required to respond unless the form

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displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title o Derivativ Security (Instr. 3)	ve Conversion or Exercise	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	3	Date	7. Title an Amount o Underlyin Securities (Instr. 3 a	of ng S	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	or Title Nu of	nount Imber ares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
PORTER JAMES S 7900 XERXES AVENUE SOUTH SUITE 1800 MINNEAPOLIS, MN 55431-1159			Chief Financial Officer				
Signatures							

/s/ Patricia A. Beithon, Attorney-in-Fact for James S. Porter

**Signature of Reporting Person

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).
- Includes shares acquired under the ESPP as of 12/31/06, shares of restricted stock granted under the Partnership Plan, restricted stock
 (1) awards under the Omnibus Stock Incentive Plan, performance shares and shares distributed from the Partnership Plan that are now directly owned.
- (2) This filing reflects the change of 2,533 shares from indirect ownership to direct ownership in connection with a distribution of such shares from the Partnership Plan Trust.

04/17/2007

Date

- (3) Shares acquired under the 401(k) retirement plan as of 12/31/06.
- (4) This form has been amended to correct a mathematical error. The remainder of the form contains no changes and has been stated as originally filed.

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.