

PORTER JAMES S  
Form 5  
April 17, 2007

# FORM 5

**UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

OMB Number: 3235-0362  
Expires: January 31, 2005  
Estimated average burden hours per response... 1.0

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).  
Form 3 Holdings Reported Form 4 Transactions Reported

**ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES**

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

1. Name and Address of Reporting Person \*  
PORTER JAMES S

2. Issuer Name and Ticker or Trading Symbol  
APOGEE ENTERPRISES INC  
[APOG]

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

(Last) (First) (Middle)

3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year)  
03/03/2007

\_\_\_ Director \_\_\_ 10% Owner  
 Officer (give title below) \_\_\_ Other (specify below)  
Chief Financial Officer

7900 XERXES AVENUE  
SOUTH, SUITE 1800

(Street)

4. If Amendment, Date Original Filed(Month/Day/Year)

6. Individual or Joint/Group Reporting

(check applicable line)

MINNEAPOLIS, MN 55431-1159

Form Filed by One Reporting Person  
 Form Filed by More than One Reporting Person

(City) (State) (Zip)

**Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | 4. Securities Acquired (A) or Disposed of (D) |            |       | 5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---------------------------------|--------------------------------------|--|--------------------------------|---|------------|-------|--|--|---|
|                                 |                                      |  |                                | Amount  | (A) or (D) | Price |  |  |   |
| Common Stock                    | 12/26/2006                           | ^  | G                              | 125   | D          | \$ 0  | 51,566   | D  | ^   |
| Common Stock                    | 12/29/2006                           | ^  | G                              | 50  | D          | \$ 0  | 51,516   | D  | ^   |
| Common Stock                    | 01/09/2007                           | ^  | G                              | 500   | D          | \$ 0  | 51,016 <sup>(1)</sup>  | D  | ^   |
| Common                          | ^                                    | ^  | ^                              | ^   | ^          | ^     | 300  | I  | By Daughter   |

Stock

|              |   |   |   |   |   |   |                      |   |                        |
|--------------|---|---|---|---|---|---|----------------------|---|------------------------|
| Common Stock | Â | Â | Â | Â | Â | Â | 200                  | I | By Son                 |
| Common Stock | Â | Â | Â | Â | Â | Â | 1,172 <sup>(2)</sup> | I | 401(k) Plan            |
| Common Stock | Â | Â | Â | Â | Â | Â | 17,195               | I | 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 required to respond unless the form displays a currently valid OMB control number.**

SEC 2270 (9-02)

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

| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transaction Code (Instr. 8) | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | 6. Date Exercisable and Expiration Date (Month/Day/Year) | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | 8. Price of Derivative Security (Instr. 5) | 9. of D Se B O E Is Fi (I  |
|--|--|--------------------------------------|--|--------------------------------|---|--|---|--|----------------------------|
|  |  |                                      |  |                                |   | Date Exercisable (A)                                     | Expiration Date (D)   | Title                                      | Amount or Number of Shares |

## Reporting Owners

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

## Signatures

/s/ Patricia A. Beithon, Attorney-in-Fact for James S. Porter  
 04/17/2007  
 \*\*Signature of Reporting Person 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).

## Edgar Filing: PORTER JAMES S - Form 5

- 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) Shares acquired under the 401(k) retirement plan as of 12/31/06.

Note: File three copies of this Form, one of which must be manually signed. If space provided 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.