FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| Estimated average burden | | | | | | | | |
| 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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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 ar KRUE((Last) 9341 CO (Street) ROCKFO (City) | 3. Da 02/0 | 2. Issuer Name and Ticker or Trading Symbol WOLVERINE WORLD WIDE INC /DE/ [WWW] 3. Date of Earliest Transaction (Month/Day/Year) 02/06/2016 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | X X Individue) | Chairman, CEO & President dividual or Joint/Group Filing (Check Applicable) | | | | | | | |
|------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|---------------------------------------------------|------|--------------------------------------------|--------------------------------------------------------------------------------------------|----------|----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|----------------|------------------------------------------------------------------------------|----------------------------------------------|------------------------------------------------|--------|-----------------------------------------------------------------------------|--------------------------------------------------------------------|----------------------------------------------------|-------------------------------------------------------------------|
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/ | | | | | | Execution Date, | | | 3. 4. Securit Transaction Disposed Code (Instr. 8) | | | | | | S B | Amount of ecurities eneficially wned ollowing | Fo (D | Ownership orm: Direct or or direct (I) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | Amount | (A (D |) or) | Price | R | eported ransaction(s) nstr. 3 and 4) | | , | (| | | | |
| Common | Stock | 016 |)16 | | | F | | 7,697 | | D | \$16 . | 78 | 1,295,091 | | D | | | | |
| Common Stock | | | | | | | | | | | | | | | | 43,338 | | I | By Trust |
| | 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) | ive Conversion or Exercise (Month/Day/Year) or Exercise (Month/Day/Year) if any (Month/Day/Year) security | | | Acquired (A) or Disposed of (D) (Instr. 3, and 5) | | vative rities ired r osed) | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date | | | 7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) Amount or Numb of Title Share | | ount nber | 8. Pric of Deriva Securi (Instr. | derivative tive Securities ty Beneficial | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |

Explanation of Responses:

Remarks:

/s/ Timothy E. Foley, by Power of Attorney 02/09/2016

** 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.

 $^{^{\}star}$ 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).