FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OIVID APPI	TOVAL
	OMB Number:	3235-0287
l	Estimated average b	urden

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

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
hours per response:	0.5								
· ·									

1. Name and Address of Reporting Person*  KRUEGER BLAKE W						W	2. Issuer Name and Ticker or Trading Symbol WOLVERINE WORLD WIDE INC /DE/ [ WWW ]									Check all ap	ctor 10% (		o Issuer o Owner er (specify	
(Last) (First) (Middle) 9341 COURTLAND DRIVE NE							3. Date of Earliest Transaction (Month/Day/Year) 02/07/2019												w)	
(Street) ROCKFORD MI 49351 (City) (State) (Zip)						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				
			Tab	le I - Noi	n-Deriv	vative	Sec	curitie	s Acc	quired,	Dis	posed o	f, or	Bene	eficia	ally Own	ed			
1. Title of Security (Instr. 3)  2. Transa Date (Month/D							Execution Date			Transaction Dis		Disposed	ecurities Acquired (A) posed Of (D) (Instr. 3,			nd Secui Bene	icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect	
								Code	v	Amount	(A (C	A) or D)	Price	Trans	action(s) 3 and 4)		(			
Common Stock 02/07/							2019		F		4,744		D	\$34	.92 1,	117,283	D			
	Common Stock																50,000		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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	n Date,	4. Transa Code ( 8)	Instr.	of	ative rities ired osed . 3, 4	6. Date E Expiratio (Month/D		7. Title and Amount of Securities Underlying Derivative Security (Instrand 4)  Amount or Numbro of Title Shares		ount nber	8. Price of Derivative Security (Instr. 5)		Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		

**Explanation of Responses:** 

Remarks:

/s/ David Latchana, by Power of Attorney

02/11/2019

\*\* 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.