FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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 and Address of Reporting Person*  Klimek Amy M.    |   |  |   |         |       | 2. Issuer Name and Ticker or Trading Symbol WOLVERINE WORLD WIDE INC /DE/ WWW ] |         |       |   |  |                     |   |   |        | Check all   | ionship of Reportinall applicable) Director Officer (give title |  | 10% (   |  |
|--|---|--|---|---------|-------|---|---------|-------|---|--|---------------------|---|---|--------|---|---|--|---|--|
| (Last) (First) (Middle) C/O 9341 COURTLAND DRIVE NE        |   |  |   |         |       | 3. Date of Earliest Transaction (Month/Day/Year) 02/08/2018                     |         |       |   |  |                     |   |   |        |   | below) below) Sr. VP of Human Resources                         |  |   | n) i   |
| (Street) ROCKFORD MI 49351 (City) (State) (Zip)            |   |  |   |         |       | 4. If Amendment, Date of Original Filed (Month/Day/Year)                        |         |       |   |  |                     |   |   |        | Individual or Joint/Group Filing (Check Applicable ne)  X Form filed by One Reporting Person Form filed by More than One Reporting Person |   |  |   |  |
|  |   | Tabl                                       | e I - Noi                                     | n-Deriv | ative | Se  | curitie | s Acc | quired,                                   | Dis  | posed o             | f, or   | Ben   | eficia | ally Ov   | vne   | d  |   |  |
| 1. Title of Security (Instr. 3)  2. Transac Date (Month/Da |   |  |   |         |       | Execution Date,   |         |       | Transaction Disposed C<br>Code (Instr. 5) |  |                     | ties Acquired (A) or<br>I Of (D) (Instr. 3, 4 and |   |        | nd Se<br>Be<br>Ov   | 5. Amount of Securities Beneficially Owned Following Reported   |  | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4) | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4)  |
|  |   |  |   |         |       |   |         |       |   | v  | Amount              | (   | A) or<br>O)   | Price  | Tr  | Transaction(s)<br>(Instr. 3 and 4)                              |  |   | (111501.4)   |
| Common Stock 02/08/3                                       |   |  |   |         |       | 2018  |         |       | F   |  | 441                 |   | D   | \$30   | .64   | 50,767  |  | D   |  |
| Common Stock 02/11/2                                       |   |  |   |         |       | 2018  |         |       | F   |  | 228                 |   | D   | \$29   | .82   | 50,539  |  | D   |  |
|  |   | Та   |   |         |       |   |         |       |   |  | sed of,<br>onvertib |   |   |        | y Own   | ed  |  |   |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)        | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deeme<br>Execution<br>if any<br>(Month/Da | Date,   |       | ansaction<br>ode (Instr.  |         | of    |   | 6. Date Exercisable a<br>Expiration Date<br>(Month/Day/Year) |                     |   | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Instr.<br>and 4) |        | 8. Price<br>Derivati<br>Securit<br>(Instr. 5  | y<br>)  | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(<br>(Instr. 4) | Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |
|  |   |  |   |         | Code  | v   | (A)     | (D)   | Date<br>Exercisal                         |  | Expiration<br>Date  | Title   | or  | nber   |   |   |  |   |  |

**Explanation of Responses:** 

Remarks:

/s/ David Latchana, by Power

02/12/2018

of Attorney

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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).

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.