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 and Address of Reporting Person* LAUDERBACK BRENDA J | | | | | 2. Issuer Name and Ticker or Trading Symbol WOLVERINE WORLD WIDE INC /DE/ WWW] | | | | | | | | (Che | ck all app | olicable) ctor | | Person(s) to Issuer 10% Owner | |
|---|--|--|---|---------------------------------|--|------------|------|--|--|---------------|---|-----------------------------------|---|--|---|--|--|---|
| (Last) C/O 934 | (Fi | | 3. Date of Earliest Transaction (Month/Day/Year) 05/01/2017 | | | | | | | | | Offic belo | er (give title w) | | Other (specify below) | | | |
| (Street) | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| ROCKF | ORD M | I 4 | 19351 | _ | | | | | | | | | | | m filed by One Reporting Person m filed by More than One Reporting | | | |
| (City) | (Si | tate) (| Zip) | | | | | | | | | | | 1 010 | 011 | | | |
| | | Tab | le I - Non-Dei | ivative | Sec | uritie | s Ac | cquired, [| Disp | osed | of, or B | enef | icial | y Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day | | | | | Execution Date, | | | Code (In | Transaction Disposed Code (Instr. and 5) | | urities Acquired sed Of (D) (Instr. | | | Secur | icially d | 6. Owner Form: Di (D) or Indirect (Instr. 4) | rect | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | | Code | v | Amou | Amount (A) or (D) | | Price | Repor | Reported Transaction(s) (Instr. 3 and 4) | | | (111501. 4) |
| | 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. Transac Code (Ir 8) | | n Number E | | i. Date Exercisabl Expiration Date Month/Day/Year) | | | Amount of Securities Underlying Derivative Security (Instr. and 4) | | 3 | . Price f Perivative Security nstr. 5) | 9. Number of derivative securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Code | v | (A) | | Date Exercisable | | oiration e | Title | Amou or Numl of Share | oer | | | | | |
| Stock Units | (1) | 05/01/2017 | | A | | 124.3 | | (1) | | (1) | Common Stock | 124 | .3 | \$24.02 | 49,885.8 | I |) | |

Explanation of Responses:

1. Award of stock units pursuant to Outside Directors' Deferred Compensation Plan. Shares of common stock are issuable on a one-for-one basis in either a lump sum or installments after termination of service as a director or upon a change in control of the company.

Remarks:

/s/ Timothy E. Foley, by <u>Power of Attorney</u> 05/03/2017

** 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.