Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT (| OF CHANGES IN | BENEFICIAL | OWNERSHIP |
|-------------|---------------|------------|-----------|
| | | | |

| OMB APPROVAL | | | | | | | |
|---------------------|-----------|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | |
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| hours per respense | | | | | | | |

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| Name and Address of Reporting Person* Stornant Michael D (Last) (First) (Middle) | | | | | WOLVERINE WORLD WIDE INC /DE/ [WWW] 3. Date of Earliest Transaction (Month/Day/Year) | | | | | | | | | | ationship of Reporting call applicable) Director Officer (give title below) | | 10% Ow Other (s below) | | ner pecify |
|---|-------|---|------------------|------------|---|--------|--|--|-------------------|-------|--|-----------------------------------|----------------|--|--|---|--|---|---------------|
| C/O 9341 COURTLAND DRIVE NE | | | 02 | 02/05/2020 | | | | | | | | | | Senior VP, CFO and Treasurer | | | | | |
| (Street) | ORD M | I | 49351 | | - 4. l | If Ame | endment, I | Date o | of Original | Filed | (Month/Da | ay/Year) | | 6. Indi Line) | | · | | (Check Apporting Person | |
| (City) | (S | tate) | (Zip) | | - | | | | | | | | | | Form fi Person | | e than | One Repor | ting |
| | | Tab | le I - No | n-Deriv | vativ | e Se | curities | s Ac | quired, | Dis | posed o | of, or E | enef | icially | Owned | | | | |
| 1. Title of Security (Instr. 3) | | 2. Transaction Date (Month/Day/Year) | | ear) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. r) 8) | | | | | 4 and Securit Benefic Owned | | es ally Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | (A) (D) | or P | rice | Reported Transact (Instr. 3 a | ion(s) | | | (Instr. 4) |
| Common Stock | | | 02/05 | 5/2020 | | | | A | | 49,59 | 3 A | 1 5 | 32.85 | 204,629 | | | D | | |
| Common Stock | | 02/05 | 5/202 | /2020 | | | F | | 23,00 | 2 I |) [| 32.85 | 181,627 | | | D | | | |
| | | - | Table II - | | | | | | , | | osed of, onverti | • | | • | Owned | | | | |
| Derivative Conversion Date Execution Security or Exercise (Month/Day/Year) if any | | 3A. Deeme Execution if any (Month/Da | Date, Transactio | | | on of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4) | | urity (| B. Price of Derivative Security Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | Owne Form Direc or Ind (I) (In: | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership ect (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisal | | Expiration Date | Title | or Nu of | mber ares | | | | | |
| Restricted Stock | (1) | 02/05/2020 | | | A | | 11,753 | | (2) | | (2) | Commo | n 11 | ,753 | \$0.00 | 11,753 | 3 | D | |

Explanation of Responses:

- 1. Converts into shares of Common Stock on a one-for-one basis.
- 2. The restricted stock units vest as follows, subject to the reporting person's continued employment: 20%, 20%, 30% and 30% on each of the first, second, third and fourth year anniversaries of the grant date, respectively.

Remarks:

/s/ David Latchana, by Power of Attorney

02/07/2020

** 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.