FORM 4

Instruction 1(b).

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.	C. 20549
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Check this box if no longer subject to Section 16. Form 4 or Form 5	STATEMENT
obligations may continue. See	

## OF CHANGES IN BENEFICIAL OWNERSHIP

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

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 Addre Stornant Mic	2. Issuer Name and Ticker or Trading Symbol WOLVERINE WORLD WIDE INC /DE/  [ WWW ]  3. Date of Earliest Transaction (Month/Day/Year)									k all app Direct Office below	licable) tor er (give title /)	Othe below	Owner (specify /)				
C/O 9341 COU		4. If Amendment, Date of Original Filed (Month/Day/Year)								Senior VP, CFO and Treasurer  6. Individual or Joint/Group Filing (Check Applicable							
(Street) ROCKFORD	MI	49351		-							Line)	X Form filed by One Reporting Person Form filed by More than One Reporting					
(City)	(State)	(Zip)			Person												
	Tal	ole I - No	n-Deriva	ative S	Secu	rities	Acq	uired,	Dis	posed of	, or E	Benef	ficially	y Own	ed		
1. Title of Security (Instr. 3)			2. Transac Date (Month/Da	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8) 4. Securiti Disposed 5)							6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
							v	Amount	(A) (D)	or P	rice	Transa			(11150.4)		
Common Stock			02/07/	2022				F		1,707	Ι	) !	\$25.2	4,912		D	
Common Stock													17	3,129	I	By Trust <sup>(1)</sup>	
		Table II -								osed of, onvertib				Owned	d		
Security or Exerc (Instr. 3) Price of Derivati	/e Conversion or Exercise (Month/Day/Year) Execution Date, if any		4. Transaction Code (Instr. 8)		of Deriv	r osed ) r. 3, 4	6. Date Expirati (Month/	on Da			De Se (In	Price of rivative curity str. 5)	ive derivative Securities	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
Explanation of Res				Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amou or Numb of Share	oer				

1. Shares held by the Michael D. Stornant Trust, of which the reporting person and his wife are the trustees.

## Remarks:

/s/ David Latchana, by Power of Attorney

02/09/2022

\*\* 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.