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 burden						
hours per response	: 0.5					

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	(3A. Deen Executio if any (Month/E	ned n Date,	4. Transac Code (li 8)	tion	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	•	Exerci on Da	sable and te	Particle and the securitie of the securitie of the securitie of the security o	nd of Is ng re	8. Price of 9. Nun Derivative deriva Security Secur (Instr. 5) Benel Owne Follow Repo		llowing ported insaction(s)		11. Nature of Indirect Beneficial Ownership (Instr. 4)	
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																	
Common Stock 07/13/.					2021	2021		F		1,280	D	\$32	2.6	28,715)		
							Code	v	Amount	(A) or (D)	Price	Transa	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)		
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					ction	tion 2A. Deemed Execution Date,		3. Transaction Code (Instr. 5)			es Acquire	d (A) or	5. Amo nd Securi Benefi Owned	ount of ties cially I Following	6. Own Form: I (D) or II (I) (Inst	Direct ndirect r. 4)	7. Nature of Indirect Beneficial Ownership	
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
(City)	(St	ate) (2	Zip)			Form f Persor								filed by More than One Reporting n				
(Street) ROCKFORD MI 49351												- /	- /			on		
				4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)						
C/O 9341 COURTLAND DRIVE NE					07/13/2021							Sr.	VP of Hu	P of Human Resources				
(Last)	Last) (First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year)							-	below	v)	below)			
Klimek Amy M.				WOLVERINE WORLD WIDE INC /DE/ [www]								heck all app Direc	,	r 10% Ow				
1. Name and Address of Reporting Person*					2. Issuer Name and Ticker or Trading Symbol								5. Relationship of Reporting Person(s) to Issuer					
	tions may conti tion 1(b).	nue. See		Filed			ection 16(a) 0(h) of the Ir					934		hours	s per resp	onse:	0.5	
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See									RSHIP	Estim	OMB Number: 3235-0287 Estimated average burden							

Explanatio	n of Responses	:

Remarks:

/s/ David Latchana, by Power 07/15/2021 of Attorney

** Signature of Reporting Person Date

Amount or Number

of Shares

Title

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).

Code v (A) (D)

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.

Date Exercisable

Expiration Date