FORM 4

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 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 [®] VOLKEMA MICHAEL A | | | | | | 2. Issuer Name and Ticker or Trading Symbol WOLVERINE WORLD WIDE INC /DE/ [WWW] | | | | | | | | | ck all appl | or | ng Pe | 10% O | wner | |
|--|---|--|---|---|--|---|--------|---|---------------------|--|---|-------------------|---|---|---|---|--|--|-------------------------|--|
| (Last) (First) (Middle) C/O 9341 COURTLAND DRIVE NE | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/02/2012 | | | | | | | | | | below | Officer (give title below) | | Other (specify below) | | |
| | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) ROCKFORD MI 49351 | | | | | | | | | | | | | | У | X Form filed by One Reporting Person Form filed by More than One Reporting | | | | | |
| (City) (State) (Zip) | | | | | | | | | | | | | | | Porm Perso | • | e tha | an One Rep | orting | |
| (City) | (S | | Zip) | | | | | | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | | Execution Date, | | | Transaction Dispos Code (Instr. and 5) | | | rities Acquired (A) ed Of (D) (Instr. 3, | | | 5. Amo Securit Benefic Owned Follow | ties Fo cially (D) | | Ownership m: Direct or irect (I) str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amoun | Amount (A) or (D) | | rice | Report Transa | | | ur. 4) | (Instr. 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. Transaction Code (Instr. 8) | | n of | | Expiration | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number o derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4) | у | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership | |
| | | | | c | Code | v | (A) | (D) | Date Exercisable | | piration ite | Title | Amou or Numb of Share | er | | | | | | |
| Phantom Stock | (1) | 07/02/2012 | | | Α | | 343.73 | | (1) | | (1) | Common Stock | 343. | 73 | \$37.82 | 8,460.17 | , | D | | |

Explanation of Responses:

1. Award of phantom stock 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:

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

07/03/2012

** 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.

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