FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

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

| 1. Name and Address of Reporting Person* VOLKEMA MICHAEL A | | | 2. Issuer Name and Ticker or Trading Symbol WOLVERINE WORLD WIDE INC /DE/ [WWW] | 5. Relationship of Reporting Person(s) to Issuer | | | | |
|--|---------|-------|--|---|--|--|--|--|
| (Last) (First) (Middle) C/O 9341 COURTLAND DRIVE NE | | ` / | 3. Date of Earliest Transaction (Month/Day/Year) 05/01/2015 | (Check all applicable) X Director 10% Owner Officer (give title below) below) | | | | |
| (Street) ROCKFORD MI 49351 | | 49351 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | |
| (City) | (State) | (Zip) | | Form filed by More than One Reporting Person | | | | |

| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | |
|-----------------------------|--|---|---------------------|---|--|-------------------------------|--|---|--|-------------------------|--|--|
| 1.Title of Security (Instr. | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | Transaction Code | | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | | 5. Amount of Securities Beneficially Owned | 6. Ownership Form: Direct (D) | Beneficial Ownership | | |
| 3) | | | Code | ٧ | Amount | (A) or Amount (D) Price | | Following Reported Transaction(s) (Instr. 3 and 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. Transac Code (Instr. 8 | | of Derivative Secur Acqui (A) or Dispo of (D) (Instr. | Number and Expiration Date (Month/Day/Year) Derivative Securities Acquired (A) or Disposed | | tion Date | ate Amount of | | 8. Price of Derivative Security (Instr. 5) | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |
| Stock Units | (1) | 05/01/2015 | | A | | 64.63 | | (1) | (1) | Common Stock | 64.63 | \$ 30.67 | 33,102.48 | D | |

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.

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

05/05/2015

** Signature of Reporting

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.