FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| l | OMB APPRO              | VAL       |  |  |  |  |  |
|---|------------------------|-----------|--|--|--|--|--|
|   | OMB Number:            | 3235-0287 |  |  |  |  |  |
| l | Estimated average burd | en        |  |  |  |  |  |
| l | hours per response:    | 0.5       |  |  |  |  |  |

|   | Check this box if no longer subject to                     |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|
| ٦ | Section 16. Form 4 or Form 5                               |  |  |  |  |  |  |  |  |
| J | Section 16. Form 4 or Form 5 obligations may continue. See |  |  |  |  |  |  |  |  |
|   | Instruction 1(b)   |  |  |  |  |  |  |  |  |

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*  KRUEGER BLAKE W  |   |      |   |             |       | 2. Issuer Name and Ticker or Trading Symbol WOLVERINE WORLD WIDE INC /DE/ WWW ] |         |  |  |                                      |                      |   |             |                      | Check al               |   | ,   | g Perso  | on(s) to Is                              |  |
| (Last) (First) (Middle) 9341 COURTLAND DRIVE NE            |   |      |   |             | 3. D  | 3. Date of Earliest Transaction (Month/Day/Year) 02/06/2017                     |         |  |  |                                      |                      |   |             |                      |                        | below   | ,   | e Other<br>below)<br>CEO & Presider                              |  |  |
| (Street) ROCKFORD MI 49351 (City) (State) (Zip)            |   |      |   |             | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year)                        |         |  |  |                                      |                      |   |             |                      | ine)<br>X              | idual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person |   |  |  |  |
|  |   | Tabl | e I - Nor   | n-Deriv     | ative | Se  | curitie | es Ac  | quired   | , Dis                                | posed o              | f, or   | Ben         | eficia               | ally O                 | wne   | d   |  |  |  |
| 1. Title of Security (Instr. 3)  2. Transac Date (Month/Da |   |      |   |             |       | Exec<br>ay/Year) if an  |         | A. Deemed<br>execution Date,<br>any<br>Month/Day/Year) |  | Transaction Disposed Code (Instr. 5) |                      | ities Acquired (A)<br>d Of (D) (Instr. 3,   |             |                      | 4 and Sec<br>Ber<br>Ow |   | Amount of ecurities eneficially wned Following eported  |  | nership<br>Direct<br>Indirect<br>str. 4) | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4)  |
|  |   |      |   |             |       |   |         |  | Code   | v                                    | Amount               | ()<br>(I  | A) or<br>O) | Price                | _  т                   | Transaction(s)<br>(Instr. 3 and 4)  |   |  |  | (111511.4)   |
| Common Stock 02/06/  |   |      |   |             |       |   | 2017    |  | F  |                                      | 7,614                |   | D           | \$21                 | .02                    | 1,535,208   |   |  | D  |  |
| Common Stock   |   |      |   |             |       |   |         |  |  |                                      |                      |   |             |                      |                        | 50,000  |   |  | I  | By Trust   |
|  |   | Та   |   |             |       |   |         |  |  |                                      | osed of,<br>onvertib |   |             |                      | y Owr                  | ned   |   |  |  |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)        | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security |      | 3A. Deemed<br>Execution I<br>if any<br>(Month/Day | Date, Trans |       |   | ı of    |  | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |                                      |                      | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Instr.<br>and 4) |             |                      |                        |   | 9. Number or<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction<br>(Instr. 4) | Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4 | wnership<br>orm:<br>rect (D)<br>Indirect | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |
|  |   |      |   |             | Code  | v   | (A)     | (D)  | Date<br>Exercisa   | able                                 | Expiration<br>Date   | Title   | or          | ount<br>mber<br>ares |                        |   |   |  |  |  |

**Explanation of Responses:** 

Remarks:

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

02/08/2017

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.