FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL							
OMB Number: 3235-0287							
Estimated average burden							
hours per response: 0							

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

	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.1										olicable)			
(Last) (First) (Middle) 9341 COURTLAND DRIVE NE			3. Da	3. Date of Earliest Transaction (Month/Day/Year) 12/09/2011										below)		below)		
ORD M	11	49351	- 4. If <i>A</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)										vidual or Joint/Group Filing (Check Applicab Form filed by One Reporting Person Form filed by More than One Reporting				
(8	State)	(Zip)												Perso	on			
	Tab	le I - N	lon-Deri	vative	Sec	urit	ies Ac	quired,	Dis	posed o	of, or I	Bene	ficiall	y Owne	d			
1. Title of Security (Instr. 3)		Date		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)						Securii Benefi Owned	Securities Beneficially Owned		Direct t (I)	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount			Price	Reported Transaction(s) (Instr. 3 and 4)		(instr. 4)		(Instr. 4)
Common Stock			12/09/2011					M		1	_	-			3,498	D		
Common Stock			12/09/2011					M		-	_					·		
Common Stock									-	_	-		+					
										<u> </u>	_	-						
				011				r		19,94		, I	\$36.4 9	_	 			Des Terres
Stock		abla II	 - Doriva	tivo Sc		itio	e Acai	uirod Di	enc	seed of	or Bo	nofic	sially.		J,000			By Trust
	•	able II												Owned				
		Executi if any	ion Date,	Code (Ir		on of		Expiration Date		Amount Securities Underlying Derivative		it of coies		of Derivative Security	derivative Securities Beneficiall Owned Following Reported	Ow Fo Dir or (I) 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership
				Code	V (A)		(D)	Date Exercisabl			Title	or Nui of	nber					
\$10.29	12/09/2011			М			1	02/14/2004	4 0:	2/13/2012		n	1	\$0.00	0		D	
\$10.29	12/09/2011			М			2,473	02/14/2005	5 0:	2/13/2012		2,	473	\$0.00	0		D	
\$20.5	12/09/2011			M			1,081	12/14/2004	4 0:	2/13/2012		n 1,	081	\$0.00	0		D	
\$20.08	12/09/2011			М			24,153	10/25/2004	4 0:	2/13/2012		n 24	,153	\$0.00	0		D	
	GER BL (FOURTLAN ORD M (S Security (In Stock Stoc	(First) OURTLAND DRIVE NE ORD MI (State) Tab Security (Instr. 3) Stock S	CER BLAKE W (First) (Middle)	(First) (Middle) ORD MI 49351 (State) (Zip) Table I - Non-Derive Security (Instr. 3) 2. Transaction Date (Month/Day/Year) Stock 12/09/2 Stock 12/09/2011	Code Security Code Security Code Security Security Code Security Securi	Code (Instr. 2) Code (Instr. 3) Code (Inst	Code Note Code Code	Carrier Conversion Conver	Code Code	Code V Code Number C	2.	Address of Reporting Person GER BLAKE W	2. Issuer Name and Ticker or Trading Symbol	2.	Conversion Security Securit	2	2. Issuer Name and Toker or Trading Symbol WOLVERINE WORLD WIDE INC /DET	Address of Reporting Person GER BLAKE W WOLVERINE WORLD WIDE INC /DE/ WOLVERINE WORLD WIDE INC /DE/ WOLVERINE WORLD WIDE INC /DE/ Close of applicable by Wolverine World

Explanation of Responses:

Remarks:

^{1.} The number of shares and the exercise price have been adjusted to reflect the Company's February 1, 2005 three-for-two stock split.

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

12/12/2011 ** 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.