FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

illigion, D.C. 20049	- 11	
	- 11	
	- 11	

OMB APPROVAL											
OMB Number:	3235-0287										
Estimated average but	rden										

hours per response:

Check this box if no longer subject to
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

						01 560	cuon 30(n) (oi tile	investine	iii C	лпрапу Асі	01 1940							
1. Name and Address of Reporting Person* PETRATIS DAVID D					2. Issuer Name and Ticker or Trading Symbol Quanex Building Products CORP NX								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
PEIRE	1115 DAV	<u>יו עו די</u>			-			o						X Director			10% Ow	ner	
<i>a</i>		- 0	(1 t) L L L		_ -						- h. \			X Officer (give title		Other (specification)	pecify	
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 06/30/2009								below)	,		nt & CEO		
1900 WEST LOOP SOUTH				ľ	00/00/2000									Treside	ii a c	LLO			
SUITE 1500																			
(Ott)					— 4.	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) HOUSTON TX 77027												X Form filed by One Reporting Person							
HOUSTON TX 77027												Form filed by More than One Reporting							
(City)	(S	State)	(Zip)											Person					
		li	able I - No	on-Der	rıvatı	ive S	ecurities	s Ac	quired.	, Dis	sposed (of, or Be	neficiall	/ Owned					
1. Title of Security (Instr. 3) 2. Trans: Date (Month/L					rear)	2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Disposed Code (Instr.		es Acquired Of (D) (Insti	i (A) or : 3, 4 and 5)	Securities Beneficia Owned F	5. Amount of Securities Beneficially Owned Following		Direct I	7. Nature of Indirect Beneficial Ownership			
								Code	v	Amount	(A) or (D)	Price	Transacti	Reported Transaction(s) (Instr. 3 and 4)		[(Instr. 4)		
Common Stock 06/			06/3	80/200	/2009 07/06/2009		J ⁽³⁾		1.927	A	\$11.459	99 120,609.682			D				
			Table II				curities IIs, warr							Owned		,	·		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution E if any (Month/Day	Date, 1	4. Transa Code (8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)						9. Number derivative Securities Beneficial Owned Following Reported	e s ally	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				(Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amount or Number of Shares		Transact (Instr. 4)	ion(s)			
Phantom Stock	\$0 ⁽¹⁾	06/30/2009			A		219.5329		(2)		(2)	Common Stock	219.5329	\$11.22	82,325	.109	D		

Explanation of Responses:

- 1. Conversion price is 1-for-1.
- 2. Units credited under the Deferred Compensation Plan are 100% vested unless they are a result of the company's 20% matching award which vest 3 years from the date of deferral. Distributions under the Deferred Compensation Plan are made beginning on a specified date selected by the participant or upon a participant's death, disability, or termination of employment.
- 3. Shares acquired through dividend reinvestment.

/s/ Jairaj Chetnani, Power of Attorney

07/01/2009

** 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.