FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| l | OMB APPROVAL | | | | | | | | | |
|---|----------------------|-----------|--|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | | |
| l | Estimated average bu | rden | | | | | | | | |

0.5

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 or Section 30(h) of the Investment Company Act of 1940

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| 1. Name and Address of Reporting Person* | | | | | | 2. Issuer Name and Ticker or Trading Symbol OUANEX CORP [NX] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|--|-------|--------|-----------|-----------------------------------|------------------|--|---|------------------|--|---------|---|-------|-----------------|--|---|---|---|--|------------------|--|
| Hammonds Paul A | | | | | = = | | | | _ [| 1 | | | | | | Direc | tor | 10% | Owner | |
| (Look) (First) (Alidel-) | | | | | 3 D | 2. Data of Farliagt Transaction (Month/Day/Veer) | | | | | | | | \dashv | X | Office | er (give title v) | Othe belov | r (specify v) | |
| (Last) (First) (Middle) 1900 WEST LOOP SOUTH | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/02/2005 | | | | | | | | | | Vice | e PresCor | p. Developn | ient | |
| SUITE 1500 | | | | | | | | | | | | | | | | | | | | |
| (0) | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) HOUSTO | ON TX | ζ 7 | 77027 | | | | | | | | | | | | X | Form filed by One Reporting Person | | | | |
| | | | | | | | | | | | | | | | | Form Pers | | e than One Re | porting | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | | | | | |
| | | Tabl | e I - Nor | n-Deriv | ative | Se | curitie | s Acc | quired, | Dis | posed o | f, or | r Ben | eficia | lly C | Owne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | | n/Day/Year) Ex | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Code (Instr. | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | 4 and S | | ount of ties cially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Ownership | | |
| | | | | | | | | | Code | v | Amount | 0 | (A) or (D) | Price | - 1 | | action(s) 3 and 4) | | (Instr. 4) | |
| Common Stock 06/02/2 | | | | | /2005 | 2005 06/03/2005 | | J ⁽¹⁾ | | 8.787 A | | A | \$52. | 35 | 457.684 | | D | | | |
| | | Та | | | | | | | | | sed of, onvertib | | | | / Ow | ned | | | | |
| 1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security 2. Conversion Date (Month/Day/Year) 3. Transaction Date Execution Date, if any (Month/Day/Year) | | | Date, | Transaction Code (Instr. 3) | | of Derive Secur Acque (A) or Disposof (D) (Instr | of I | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | str. 3 | 8. Price Derivati Security (Instr. 5) | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | 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 | or Nur of | ount nber res | | | | | | |

Explanation of Responses:

1. Shares acquired through Employee Stock Purchase Plan.

Terry M. Murphy, Power of Attorney

06/03/2005

** 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.