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

**OMB APPROVAL** OMB Number: Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

		Reporting Person*							ker or Tradir P[NX]	ng S	ymbol			(Che	elationship oeck all applic	cable)	g Pers	son(s) to Iss 10% Ov	
(Last) (First) (Middle) 1900 WEST LOOP SOUTH					3. Date of Earliest Transaction (Month/Day/Year) 06/30/2006								Officer (give title Other (specify below) below)					specify	
SUITE 1500				4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) HOUSTON TX 77			77027											Form f	iled by Mor		orting Person n One Repon		
(City)	(S	tate)	(Zip)																
		Tab	ole I - Nor	n-Deriv	ativ	e Se	curities	s Ac	quired, E	Disp	osed o	f, or	Bene	ficiall	y Owned				
1. Title of Security (Instr. 3)  2. Transplate (Month/I			action Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year		Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)			5. Amou Securitie Beneficia Owned F	s ally following	Form: Direct		7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A) or (D)		Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
			Table II -						uired, Di						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 I if any (Month/Day	Date, T	4. Transa Code (I		5. Numb of Derivati Securiti Acquire (A) or Dispose of (D) (II 3, 4 and	ve es d ed nstr.	6. Date Exe Expiration I (Month/Day	Date	able and 7. Title and Amo		curity	8. Price of Derivative Security (Instr. 5)			10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				c	Code	v	(A)	(D)	Date Exercisable		xpiration vate	Title	or No of	ımber					
Phantom Stock Units <sup>(1)</sup>	\$0 <sup>(2)</sup>	06/30/2006			A		34.335		(3)		(3)	Comi		4.335	\$43.07	12,381.9	922	D	
Stock Options (Right to buy)	\$8.8055								10/31/2000	1	0/31/2010	Comi		,500		4,500	)	D	
Stock Options (Right to buy)	\$11.5333								10/31/2001	1	0/31/2011	Comi		,500		4,500	)	D	
Stock Options (Right to buy)	\$15.7955								10/31/2002	1	0/31/2012	Comi		,500		4,500	)	D	
Stock Options (Right to buy)	\$17.8								10/31/2003	1	0/31/2013	Comi		,500		4,500	)	D	
Stock Options (Right to buy)	\$22.5333								10/31/2004	1	0/31/2014	Comi		,500		4,500	)	D	
Stock Options	\$38.6067								10/31/2005	1	0/31/2015	Comi	non 3	,042		3,042	2	D	

## **Explanation of Responses:**

buy)

- 1. Acquired through Quanex Dividend Reinvestment Plan.
- 2. Conversion price is 1-for-1.
- 3. All units credited under the Deferred Compensation Plan are 100% vested at all times; provided, however, that if a participant receives a benefit from the Deferred Compensation Plan for any reason other than death, disability or retirement within three years after a deferral is credited to a participant's account, any matching awards made by the Company with respect to such deferral will be forfeited. 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.

John J. Mannion, Power of <u>Attorney</u>

07/03/2006

\*\* 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 colle	ection of information contained in thi	is form are not required to resp	ond unless the form displays a cu	rrently valid OMB Number.