FORM 4

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, D.0 | C. 20549 |
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| STATEMENT (| OF CHANGES | IN BENEFICIAL | OWNERSHIP |
|-------------|------------|---------------|-----------|
| | | | |

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| 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

| 1. Name and Address of Reporting Person* BARGER DONALD G JR | | | | 2. Issuer Name and Ticker or Trading Symbol Quanex Building Products CORP [NX] | | | | | | (Ch | elationship of eck all applic | able) | , , | on(s) to Issuer | | |
|---|-------------------------------------|------------|------------------------|---|---|-----------------------------------|--------|--|--------------------|---|--------------------------------------|---|--|---|--|--|
| (Last) (First) (Middle) 1900 WEST LOOP SOUTH | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/03/2009 | | | | | | | _ | (give title | Other (s below) | · | |
| SUITE 1500 | | | | 4. | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | |
| (Street) HOUST(| ON T | X | 77027 | | | | | | | | | | led by More th | eporting Persor an One Repor | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | |
| | | Та | ble I - Non-De | erivati | ve Se | ecurities | s Acc | quired, D | isposed | of, or Be | neficiall | y Owned | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | е | Execution Da | | on Date, Transaction Code (Instr. | | on Dispos | | | Beneficia Owned Fo | es Formally (D) (I) (I | rm: Direct or Indirect (Instr. 4) | 7. Nature of ndirect Beneficial Ownership | | |
| | | | | | | | Code V | Amoun | t (A) o | Price | Reported Transacti (Instr. 3 a | on(s) | | Instr. 4) | | |
| | | | Table II - Der (e.g | | | | | ired, Dis options, | • | • | - | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | or Exercise (Month/Day/Year) if any | | Execution Date, | Code (Instr. | | Derivative E | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Code | v | (A) | | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | (Instr. 4) | | | |
| Phantom Stock Units ⁽¹⁾ | (2) | 12/03/2009 | | A | | 968.254 | | (3) | (3) | Common Stock | 968.254 | \$15.75 | 50,855.5313 | D | | |

Explanation of Responses:

- 1. Units that are credited to the participant's account under the Deferred Compensation Plan as a result of deferral of Director Compensation.
- 2. Conversion price is 1-for-1.
- 3. 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.

/s/ Deborah M. Gadin, Power of 12/07/2009 **Attorney**

** 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.