FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
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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

Name and Address of Reporting Person* BALLOU ROBERT C (Last) (First) (Middle)					2. Issuer Name and Ticker or Trading Symbol QUANEX CORP [NX] 3. Date of Earliest Transaction (Month/Day/Year) 12/04/2003							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director Officer (give title X Other (specify below) President - Vehicular Products							
1900 WEST LOOP SOUTH SUITE 1500			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 Form filed by More than One Reporting Person						
(City)	(S	tate)	(Zip)	Derivat	tive Se	curiti	AS /	\cauired [)ien	nsed of	or B	nefi	cially	Owned					
Date			2. Transac	action 2A. Deeme Execution		med on Da	3. Transac Code (Ir	tion	4. Securition Disposed (5)	es Acqu	red (A) or	5. Amoun Securities Beneficia Owned Fo	s Ily ollowing	Form:	Direct I Indirect I str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code	v	Amount	(A) (D)	or F	Price	Reported Transaction(s) (Instr. 3 and 4)					
			Table II - D					quired, 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 Da if any (Month/Day/Y	e, 4. Tran Code	saction e (Instr.	5. Number of		6. Date Exercisabl Expiration Date (Month/Day/Year)			7. Title and Am of Securities Underlying Derivative Secu (Instr. 3 and 4)		mount	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	y [0	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				Code	e V	(A)	(D)	Date Exercisable	Exp Dat	oiration e	Title	or Nu of	ımber						
Stock Options (Right to buy)	\$32							12/05/2003	12	/04/2012	Commo	ⁿ 19	9,000		19,000)	D		
Stock Options (Right to buy)	\$36							07/30/2003	07	//30/2012	Commo Stock	n 15	5,000		15,000)	D		
Phantom Stock Units ⁽¹⁾	\$0 ⁽²⁾	12/04/2003		A		1,193		12/04/2003 ⁽³⁾	08/	08/1988 ⁽³⁾	Commo		,193	\$40.15	1,193		D		

Explanation of Responses:

- 1. Units that are credited to the participants account under the Quanex Corporation Deferred Compensation Plan as a result of the participant's deferral of income or fees, as the case may be.
- 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 bythe participant or upon a participant's death, disability, or termination of employment.

Terry M. Murphy, Power of Attorney

12/05/2003

** 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.