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.C. 20549

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|               |            |  |

| STATEMENT | OF CHANGES I | N BENEFICIAL | OWNERSHIP |
|-----------|--------------|--------------|-----------|
|           |              |              |           |

OMB APPROVAL

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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*     DAVIS SUSAN F |  |            |                          |                                  | 2. Issuer Name and Ticker or Trading Symbol Quanex Building Products CORP [ NX ] |   |  |                                    |   |  |   |  | elationship ceck all applic  | able)  | erson(s) to Issu<br>10% Ow                         |        |  |
|---|--|------------|--------------------------|----------------------------------|--|---|--|------------------------------------|---|--|---|--|--|--|--|--------|--|
| (Last)<br>1900 WE                                       | (F<br>EST LOOP   | ,          | (Middle)                 |                                  | 3. Date of Earliest Transaction (Month/Day/Year) 10/08/2009                      |   |  |                                    |   |  |   |  | Officer<br>below)  | (give title  | Other (s<br>below)                                 | pecify |  |
| SUITE 1500  |  |            |                          | 4.                               | 4. If Amendment, Date of Original Filed (Month/Day/Year)                         |   |  |                                    |   |  |   |  | 6. Individual or Joint/Group Filing (Check Applicable                    |  |  |        |  |
| (Street)  | ON T   | x          | 77027                    |                                  |  |   |  |                                    |   |  |   | Line   | X Form fi  | led by More th   | porting Persor<br>an One Repor                     |        |  |
| (City)  | (S   | tate)      | (Zip)                    |                                  |  |   |  |                                    |   |  |   |  |  |  |  |        |  |
|   |  | Ta         | ble I - Non-De           | rivativ                          | ve Se  | curities  | s Ac                                     | quired, D                          | isp   | osed c   | f, or Be  | neficiall  | y Owned  |  |  |        |  |
| Date  |  |            |                          | /Day/Year) if a                  |  | 2A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) |  | , Transaction Dispose Code (Instr. |   | rities Acquired (A) or<br>ed Of (D) (Instr. 3, 4 a |   | Beneficia<br>Owned F   | s Form<br>ally (D) o<br>ollowing (I) (In                                 | rm: Direct   I<br>or Indirect   I<br>(Instr. 4)                    | 7. Nature of<br>ndirect<br>Beneficial<br>Ownership |        |  |
|   |  |            |                          | Code V Amount (A) or Diago Tra   |  | Transacti   | Reported Transaction(s) (Instr. 3 and 4) |                                    | Instr. 4)   |  |   |  |  |  |  |        |  |
|   |  |            | Table II - Deri<br>(e.g. |                                  |  |   |  | uired, Dis<br>, options            | •   |  |   | ,  | Owned  |  |  |        |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)     | vative Conversion Date<br>urity or Exercise (Month/Day/Year) Execution Date,<br>if any |            |                          | ransaction Derivative Securities |  | es<br>I (A)<br>sed<br>str.                                  | Expiration Date<br>(Month/Day/Year)      |                                    | 7. Title and Amount<br>of Securities<br>Underlying<br>Derivative Security<br>(Instr. 3 and 4) |  | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s) | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |        |  |
|   |  |            |                          | Code                             | v  | (A)   | (D)                                      | Date<br>Exercisable                |   | xpiration<br>ate                                   | Title   | Amount<br>or<br>Number<br>of Shares  |  | (Instr. 4)   | 5)   |        |  |
| Phantom<br>Stock<br>Units <sup>(3)</sup>                | \$0 <sup>(1)</sup>   | 10/08/2009 |                          | A                                |  | 174.271   |  | (2)                                |   | (2)  | Common<br>Stock                                     | 174.271  | \$15.78  | 10,299.6084  | 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. Units that are credited to the participant's account under the Deferred Compensation Plan as a result of the participant's deferral of income or fees, as the case may be.

/s/ Deborah M. Gadin, Power of Attorney 10/09/2009

\*\* 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.