Instruction 1(b)

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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Check this box if no longer subject to	S
Section 16. Form 4 or Form 5	
obligations may continue. See	

TATEMENT 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

	nd Address of JOSEPH	Reporting Person*							ker or Tradin	g S	ymbol			(Ch	Relationship (eck all applic	cable)	g Pers	son(s) to Issu	
(Last) (First) (Middle) 1900 WEST LOOP SOUTH					3. Date of Earliest Transaction (Month/Day/Year) 12/30/2005									Officer (give title Other (specify below) below)					
SUITE 1500				4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable					
(Street) HOUSTON TX 77027													X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(S	tate)	(Zip)												. 0.00.				
		Tak	le I - Nor	n-Deriv	ativ	e Se	curities	s Ac	quired, D	is	osed c	of, or	Bene	ficial	y Owned	<u> </u>			
1. Title of Security (Instr. 3) 2. Trans Date (Month/			action Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)				Beneficia	es For ally (D) Following (I)		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	′	Amount		A) or D)	Price Reported Transaction(s) (Instr. 3 and 4)		ion(s)			iiisti. 4)
		-							uired, Dis s, options						Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Exercise (Month/Day/Year) if any Code (Instr. Derivative securities (Month/Day/Year) Underlyin Derivative Code (Instr. 8) Derivative Code (Instr. 8) Code (Instr. 8) Derivative Code (Instr. 8) Co		curities lying ative Se	curity	8. Price of Derivative Security (Instr. 5)	erivative derivative Securitie		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)									
					Code	v	(A)	(D)	Date Exercisable		expiration Date	Title	Or No of	umber					
Phantom Stock Units ⁽¹⁾	\$0 ⁽²⁾	12/30/2005			A		21.742		(3)		(3)	Comm		1.742	\$49.97	7,031.0	77	D	
Stock Options (Right to buy)	\$17.3								10/31/2001	1	0/31/2011	Comm		,000		3,000)	D	
Stock Options (Right to buy)	\$23.6933								10/31/2002	1	0/31/2012	Comm		,000		3,000		D	
Stock Options (Right to buy)	\$23.9								05/23/2003	0	5/22/2012	Comm		,000		9,000)	D	
Stock Options (Right to buy)	\$26.7								10/31/2003	1	0/31/2013	Comm		,000		3,000)	D	
Stock Options (Right to buy)	\$33.8								10/31/2004	1	0/31/2014	Comm		,000		3,000)	D	
Stock Options (Right to	\$57.91								10/31/2005	1	0/31/2015	Comr		.,028		2,028	3	D	

Explanation of Responses:

- 1. Units that are credited to the participant's account under the Quanex Corporation Deferred Compensation Plan as a result of Dividend Reinvestment.
- 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>

01/03/2006

** 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.