## FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington,	D.C. 20549	
rracining ton,	D.O. 200 10	

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPE	ROVAL
l	OMB Number:	3235-0287
l	Estimated average but	rden
ı	h	0.5

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*     JEAN RAYMOND A				2. Issuer Name <b>and</b> Ticker or Trading Symbol QUANEX CORP [ NX ]									(Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner						
-															Officer (	nive title		Other (s	specify	
(Last) (First) (Middle)											0( )			$-$   $^{\prime}$	X below) Other (specify below)					
1900 WEST LOOP SOUTH					3. Date of Earliest Transaction (Month/Day/Year)									Chair	man, C	EO &	President			
SUITE 1500					12/05/2006															
(Street)					4. If Ar	nendmen	t. Da	te of Or	riginal Fi	led (I	Month/D	av/Yea	.)	6. Inc	dividual or Joi	nt/Group	Filina (	Check Appl	icable Line)	
HOUSTON TX 77027				4. If Amendment, Date of Original Filed (Month/Day/Year)									_ I _	Form filed by More than One Reporting Person  Form filed by More than One Reporting Person						
(City)	(5	State)	(Zip)												g 1 010011					
		1	able I - Noi	n-Deriv	ative	Securit	ies	Acqu	ıired, l	Disp	osed	of, o	Bene	ficially	Owned					
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)		Execut	2A. Deemed Execution Date, if any (Month/Day/Year)					ecurities Acquired (A) o posed Of (D) (Instr. 3, 4 a			Beneficial Owned Fo	у	Form:	Direct Indirect str. 4)	. Nature of ndirect eneficial whership			
									Code	v	Amour	nt	(A) or (D)	Price	Reported Transaction (Instr. 3 and				(Instr. 4)	
Common Stock				12/05	2006				A		17,	500	A	\$ <mark>0</mark>	207,	326		D		
			Table II -	Derivat	ive S	ecuritie	es A	cauir	red. Di	ispo	sed o	of. or	Benefi	cially (	)wned		•			
				(e.g., p																
1. Title of	2.	3. Transaction	3A. Deemed	4.		5. Number 6. Dat			te Exerci	Exercisable and 7. Title and Amoun				ount of	8. Price of	9. Numb	er of	10.	11. Nature	
Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	Date (Month/Day/Year)	Execution Dat if any (Month/Day/Ye	Code	saction (Instr.	of Derivat Securit Acquire (A) or Dispos of (D) (I 3, 4 and	ies ed ed nstr.		Expiration Date Month/Day/Year)			Securities Underly Derivative Security (Instr. 3 and 4)			Derivative Security (Instr. 5)	derivativ Securitic Benefici Owned Followir Reporte Transac (Instr. 4)	es ially [ ng ( ed (	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				Code	, v	(A)	(D)	Date Exerc	isable	Expiration le Date Title		ount or nber of ires								
Phantom Stock Units	\$0								(1)		(1)	Comm		,597.783		35,597	7.783	D		
Stock Options (Right to buy)	\$14.2222							12/0:	5/2003	12/0	04/2012	Comm		23,750		123,7	750	D		
Stock Options (Right to buy)	\$17.6							12/0-	4/2004	12/0	03/2013	Comm Stoc		73,575		73,5	75	D		
Stock Options (Right to buy)	\$26.3111							12/0	1/2005	12/0	01/2014	Comm Stoc		92,250		92,2	50	D		
Stock Options (Right to buy)	\$40.9467							12/0	1/2006	12/0	01/2015	Comm Stoc		51,800		61,8	00	D		
Stock Options (Right to	\$37.47	12/05/2006		A		80,600		12/05/	/2007 <sup>(2)</sup>	12/0	05/2016	Comm	on 8	80,600	\$0	80,6	00	D		

## **Explanation of Responses:**

buy)

1. 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.

John J. Mannion, Power of 12/06/2006

Date

\*\* Signature of Reporting Person

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

<sup>2.</sup> The option becomes exercisable in one third increments annually beginning one year from date of grant.

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).