FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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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).

STATEMENT OF CHANGES IN BENEFICIAL OWN
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																5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title V Other (specify					
(Last) (First) (Middle) 1900 WEST LOOP SOUTH																below)		X Other (some) chicular Product			
SUITE 1500 (Street) HOUSTON TX 77027				4	4. If Amendment, Date of Original Filed (Month/Day/Year)									Line)	Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City) (State) (Zip)																					
1. Title of Security (Instr. 3) 2. Tran: Date			2. Trans	sacti	action 2A. D Exec Day/Year) if any		. Deemed ecution Date,		3. Transaction Code (Instr. 8)				(A) or	5. Amount Securities Beneficial Owned Fo	ly	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership			
							,			Code	v	Amount	(A) or (D)		Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
			Table II -									sed of, onvertil				wned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year	Cod	ode (ction Instr.	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercis Expiration Date (Month/Day/Ye		te		7. Title and Amo of Securities Underlying Deriv Security (Instr. 3 4)		s Derivative	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				Co	Code	v	(A)	(D)	Date Exercisable			Expiration Date		1	Amount or Number of Shares						
Stock Options (Right to buy)	\$21.3333								12/0	12/05/2003 12.		12/04/2012		nmon ock	19,000.5		19,000).5	D		
Stock Options (Right to buy)	\$24								07/30/2003		/30/2003 07.		07/30/2012 Com Sto		7,500		7,500)	D		
Stock Options (Right to buy)	\$26.4								12/0	12/04/2004		/03/2013		nmon ock	19,200		19,20	0	D		
Stock Options (Right to buy)	\$39.4667								12/0	1/2005	12	/01/2014		nmon ock	19,950		19,95	0	D		
Phantom Stock	\$0 ⁽²⁾	12/31/2004			A		17.12		12/31	/2004 ⁽³⁾	08/0	08/1988 ⁽³⁾		nmon	17.12	\$45.71	1,813.2	503	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.
- 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 by the participant or upon a participant's death, disability, or termination of employment.

Terry M. Murphy, Power of Attorney

01/04/2005

** 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.