## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Machinatan	$\Gamma$	20E 40	
<i>N</i> ashington,	D.C.	20049	

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average burden								
hours per response:	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*     DAVIS SUSAN F				2. Issuer Name and Ticker or Trading Symbol Quanex Building Products CORP [ NX ]								Relationship of Reporting Person(s) to Issuer (Check all applicable)							
DAVIS	JUJAN	<u>r</u>			Same Same Same Care						X	Director			10% Ow	ner			
				╌								_	Officer (g	give title		Other (sp	ecify		
(Last)	`	First)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year)							below)			below)				
1900 WE	ST LOOP	SOUTH		- 1	05/28/2009														
SUITE 1	500			L															
				4	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable					
(Street)					· · · · · · · · · · · · · · · · · · ·								Line)						
HOUSTO	ON T	X	77027										X		•	•	ing Person		
				l										Form file	ed by More	than (	One Reportii	ng Person	
(City)	(5	State)	(Zip)																
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of S	1. Title of Security (Instr. 3) 2. Trans							3. 4. Securities Acquired (A) of Transaction Disposed Of (D) (Instr. 3, 4 a								. Nature of			
Date (Month/			ite onth/Day	y/Year)	Execution Date if any (Month/Day/Ye		Code (Instr.		ea Of (D) (I	d Of (D) (INSTR. 3, 4 a		Securities Beneficiall Owned Fol	ly (D) or		Indirect B str. 4) O	ndirect Beneficial Ownership			
					Code V Amount (A) or Pr						Price	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)				
			Table II - De	rivativ	, So	curities	۸۰۵	uiro	od Die	nocod c	f or Bo	nofi	icially O	wned	<u> </u>				
						lls, warr								Wileu					
1. Title of	2.	3. Transaction	3A. Deemed	4.		5. Number		_			_		mount of	8. Price of	9. Number	r of	10.	11. Nature	
Derivative	Conversion	Date	Execution Date,	Transa		Derivative		Expiration Date Securities (			es Un	nderlying	Derivative	derivative		Ownership	of Indirect		
Security (Instr. 3)	or Exercise Price of	(Month/Day/Year)	if any (Month/Day/Year)								Derivati (Instr. 3			Security (Instr. 5)	Securities Beneficially		Direct (D)	Beneficial Ownership	
	Derivative Security				or Disposed of				or Disposed of (D) (Instr. 3, 4						Owned Following	or Indirect (I) (Instr. 4)	(Instr. 4)		
						and 5)							Reported Transaction(s)	(7 (					
				Code	v	(A)	(D)	Date	e rcisable	Expiration Date	Title	N	mount or umber of hares		(Instr. 4)	טוונא)			
P1 .				Coue	, ·	(*)	(5)	LACI	· craabic	Date	1100	131	114163			-			
Phantom Stock Units <sup>(3)</sup>	\$0 <sup>(1)</sup>	05/28/2009		A		1,382.593			(2)	(2)	Commo Stock	n 1	,382.593	\$11.03	8,977.54	174	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/ Jairaj Chetnani, Power of Attorney

05/29/2009

\*\* Signature of Reporting Person

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.