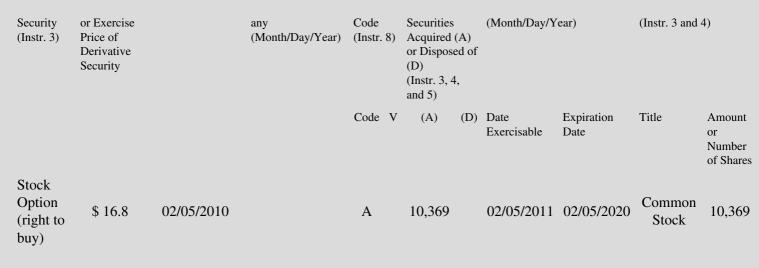
Gotsch Peter Form 4											
February 0	ЛЛ								APPROVAL	-	
	•••• UNITED	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							3235-0	3235-0287	
Check if no lo subject Section Form 4 Form 5	to SIAIEN 16. or		F CHAI	NGES IN SECUI	WNERSHIP OF	Number: Expires: Estimated burden ho response.	irs per				
obligat may co <i>See</i> Ins 1(b).	ions Section 176 ntinue. truction	rsuant to S (a) of the B 30(h)	n								
(Print or Type	e Responses)										
1. Name and Gotsch Pe	Person <u>*</u>	2. Issuer Name and Ticker or Trading Symbol				5. Relationship of Reporting Person(s) to Issuer					
			BEACON ROOFING SUPPLY IN [BECN]			JPPLY INC	IC (Check all applicable)				
(Last)	(First) (Middle)	3. Date of Earliest Transaction (Month/Day/Year) 02/05/2010			_X_ Director 10% Owner Officer (give title Other (specify below) below)					
3175			02/03/2	2010							
		4. If Amendment, Date Original Filed(Month/Day/Year)			 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person 						
CHICAGO	D, IL 60606						Form filed by M Person	Aore than One F	Reporting		
(City)	(State)	(Zip)	Tab	ole I - Non-l	Derivative	Securities A	cquired, Disposed o	f, or Beneficia	ally Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Date, if	3. Transactio Code (Instr. 8) Code V	Disposed (Instr. 3,	(A) or of (D)	SecuritiesHBeneficially(Owned(6. Ownership Form: Direct D) or Indirect I) Instr. 4)	7. Nature o Indirect Beneficial Ownership (Instr. 4)	l	
Reminder: R	eport on a separate lin	e for each cl	ass of sec	urities bene	ficially ow	ned directly o	or indirectly.				
					inforı requi	mation cont red to respo ays a curre	spond to the collect ained in this form ond unless the for ntly valid OMB cor	are not m	SEC 1474 (9-02)		
	Tab					sposed of, or convertible s	Beneficially Owned securities)				
		saction Date /Day/Year)			4. Transact	5. Number iorDerivative				nd Amount of ng Securities	

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Reporting Owners

Reporting Owner Name / Address		Relationships					
	Director	10% Owner	Officer	Other			
Gotsch Peter M 10 SOUTH WACKER DRSUITE 31 CHICAGO, IL 60606	75 X						
Signatures							
David R. Grace, Attorney-In-Fact	02/09/2010						
<u>**</u> Signature of Reporting Person	Date						

Explanation of Responses:

- * 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).
- (1) Reflects an option grant.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.