Gadin Deborah M Form 4/A January 19, 2010

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

OMB Number:

3235-0287

0.5

January 31, Expires: 2005

OMB APPROVAL

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Check this box if no longer subject to Section 16. Form 4 or Form 5

SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,

obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading Gadin Deborah M Issuer Symbol Quanex Building Products CORP (Check all applicable) [NX] (Last) (First) (Middle) 3. Date of Earliest Transaction Director 10% Owner Other (specify X_ Officer (give title (Month/Day/Year) below) 1900 WEST LOOP SOUTH, SUITE 12/31/2009 VP-Controller 1500 (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check Filed(Month/Day/Year) Applicable Line) _X_ Form filed by One Reporting Person 01/05/2010 Form filed by More than One Reporting

HOUSTON, TX 77027

	(City)	(State)	(Zip) Tak	ole I - Non-	-Derivative Secu	ırities Acqui	red, Disposed of,	or Beneficiall	y Owned
Se	Fitle of curity astr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactic Code (Instr. 8)	4. Securities Acquired (A) our Disposed of (D) (Instr. 3, 4 and 5) (A) or Amount (D) Price		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
	ommon ock (1)	01/04/2010		A	11.406 A	\$ 17.5346	13,235.9712	D	
	ommon ock (2)	12/31/2009		A	0.0632 A	\$ 17.26	13,236.0344	D	

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

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number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Code Securities (Instr. 8) Acquired (A) or Disposed of (D) (Instr. 3, 4,		e Expiration I (Month/Day	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
			Code V	and 5) 7 (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Phantom Stock Units (4)	\$ 0 <u>(6)</u>	12/31/2009	A	5.496	<u>(7)</u>	<u>(7)</u>	Common Stock	5.496	\$ 16

Reporting Owners

Reporting Owner Name / Address	Relationships

Director 10% Owner Officer Other

Gadin Deborah M

1900 WEST LOOP SOUTH

SUITE 1500

(5)

HOUSTON, TX 77027

VP-Controller

Signatures

/s/ Paul B. Cornett, Power of Attorney

01/19/2010

**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) Shares acquired through Employee Stock Purchase Plan.
- (2) Shares were inadvertently listed as Phantom Stock in previous filing.
- (3) Units that are credited to the participant's account under the Employee Stock Purchase Plan as a result of Dividend Reinvestment.
- (4) Units that are credited to the participant's account under the Deferred Compensation Plan as a result of Dividend Reinvestment.
- (5) Shares inadvertently listed as Common Stock in previous filing.
- **(6)** Conversion price is 1-for-1.

(7)

Reporting Owners 2

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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.

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.