

Quanex Building Products CORP
 Form 3
 June 16, 2008

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,
 Section 17(a) of the Public Utility Holding Company Act of 1935 or Section
 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

| | | | | | |
|--|--|---|---|--|---|
| 1. Name and Address of Reporting Person * Â Gadin Deborah M (Last) (First) (Middle) 1900 WEST LOOP SOUTH,Â SUITE 1500 (Street) HOUSTON,Â TXÂ 77027 (City) (State) (Zip) | 2. Date of Event Requiring Statement (Month/Day/Year) 06/16/2008 | 3. Issuer Name and Ticker or Trading Symbol Quanex Building Products CORP [NX] | 4. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other (give title below) (specify below) VP-Controller | 5. If Amendment, Date Original Filed(Month/Day/Year) | 6. Individual or Joint/Group Filing(Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person |
|--|--|---|---|--|---|

Table I - Non-Derivative Securities Beneficially Owned

| 1. Title of Security (Instr. 4) | 2. Amount of Securities Beneficially Owned (Instr. 4) | 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) | 4. Nature of Indirect Beneficial Ownership (Instr. 5) |
|------------------------------------|--|---|--|
| Common Stock | 52.93 | D | Â |

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

SEC 1473 (7-02)

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

| 1. Title of Derivative Security (Instr. 4) | 2. Date Exercisable and Expiration Date (Month/Day/Year) Date Exercisable | 3. Title and Amount of Securities Underlying Derivative Security (Instr. 4) Title | 4. Conversion or Exercise Price of Derivative Security | 5. Ownership Form of Derivative Security: Direct (D) | 6. Nature of Indirect Beneficial Ownership (Instr. 5) |
|---|---|---|--|---|--|
|---|---|---|--|---|--|

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| | | Expiration Date | | Amount or Number of Shares | | or Indirect (I) (Instr. 5) | |
|------------------------------|---------------|-----------------|--------------|----------------------------|----------|----------------------------|---|
| Phantom Stock Units (1) | Â (3) | Â (3) | Common Stock | 1,888.1 | \$ 0 (2) | D | Â |
| Stock Options (Right to buy) | 04/23/2009(4) | 04/23/2018 | Common Stock | 1,500 | \$ 15.02 | D | Â |
| Stock Options (Right to buy) | 04/23/2009(4) | 04/23/2018 | Common Stock | 10,000 | \$ 15.02 | D | Â |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | |
|--|---------------|-----------|-----------------|-------|
| | Director | 10% Owner | Officer | Other |
| Gadin Deborah M 1900 WEST LOOP SOUTH SUITE 1500 HOUSTON, TX 77027 | Â | Â | Â VP-Controller | Â |

Signatures

DeborahMGadin 06/16/2008

**Signature of Reporting Person

Date

Explanation of Responses:

* If the form is filed by more than one reporting person, see Instruction 5(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).

(4) The option becomes exercisable in one third increments annually beginning one year from date of grant.

(2) Conversion price is 1-for-1.

(1) 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.

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.