FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

ington, D.C. 20049	OMB APPROVAL

	<del></del>			
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-0287		
	Estimated average burde	en		
Filed pursuant to Section 16(a) of the Securities Evolunce Act of 1024	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

1. Name and Address of Reporting Person* <u>Chetnani Jairaj T</u>						2. Issuer Name and Ticker or Trading Symbol Quanex Building Products CORP [ NX ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
					-`										Directo	r		10% Ow	/ner	
					-									_  x		(give title		Other (s	pecify	
(Last)	(F	irst)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year)									below)	7.7D TD		below)			
1900 WEST LOOP SOUTH					12	12/01/2008										VP - Treası		ırer		
SUITE 1500						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable					
(Ctroot)					_   _	11 7 4110	orial morit,	Date of	Originari	icu	(Monanda,	y, reary		Line)	arriada or o	omit Oroup	9	(Oncorr rpp	iloabic	
(Street)	ON T	v	77027											X	Form fi	led by One	Repo	rting Persor	1	
HOUST	ON T	X	77027												Form filed by More than One Reporting					
					-										Person					
(City)	(S	state)	(Zip)																	
		Tal	ble I - Nor	n-Deri	ivativ	re Se	ecuritie	s Acc	uired, C	Disp	osed o	f, or B	ene	ficially	/ Owned					
1. Title of	Security (Ins	tr. 3)		2. Trai	nsactio	n	2A. Deem		3.		4. Securit	ies Acqu	ired	(A) or	5. Amoui	nt of	6. Ow	nership	7. Nature of	
Date				h/Day/V	/ear\	Execution Date, if any (Month/Day/Year)		Code (Instr. 5			Of (D) (Instr. 3, 4 and		3, 4 and	Securitie Beneficia			m: Direct or Indirect	Indirect Beneficial		
(Month/D					ii/Day/i					(Cai)	"	<b>5</b> )			Owned F	ned Following		str. 4)	Ownership	
												(A) or			Reported Transact				(Instr. 4)	
									Code	V	Amount	t (D)		Price	(Instr. 3 and 4)					
Common	Stock			12/01/2008 A 4,690 A \$0 4,690 D				D												
						_		_												
			Table II - I								osed of, onvertik				Owned					
1. Title of	2.	3. Transaction	3A. Deemed	1	4.		5. Numb	ner 6	. Date Exer	cisa	ble and	7. Title	and A	Amount	8. Price of	9. Numbe	r of	10.	11. Nature	
Derivative	Conversion	Date	Execution Da	ate,	Transaction		n of		Expiration Date			of Secu	ırities		Derivative	derivative		Ownership	of Indirect	
Security (Instr. 3)	or Exercise Price of	(Month/Day/Year)	if any (Month/Day/Year		Code ( 8)	Instr.			Month/Day/	Yeai	r)	Underlying Derivative Secu		ecurity	Security (Instr. 5)	Securities Beneficially Owned		Form: Direct (D) or Indirect	Beneficial Ownership	
(	Derivative		(	,	-,		Acquired					(Instr. 3			(		, I		(Instr. 4)	
Security							(A) or Disposed									Following Reported		(I) (Instr. 4)		
						of (D) (Inst										Transaction(s)	on(s)			
					<u> </u>		3, 4 and 5)									(Instr. 4)				
														Amount						
													l N	Number						
					Code	l v	(A)		Date Exercisable		Expiration Date	Title		of Shares						
Stock										_			+							
Options	\$7.49	12/01/2008			Α		21,875	1	.2/01/2009 <sup>(3</sup>	1) 1	12/01/2018	Commo		21,875	<b>\$0</b>	21,87	,	D		
(Right to buv)	•	12,01,2000					21,075	'	.2,01,2003			Stock	1	-1,0/0						

## **Explanation of Responses:**

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

<u>JairajChetnani</u> <u>12/02/2008</u>

Date

\*\* Signature of Reporting Person

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

- $^{\star}$  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.