

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL	
OMB Number:	3235-0104
Estimated average burden hours per response:	0.5

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>Teleios Capital Partners GmbH</u> _____ (Last) (First) (Middle) <u>BAARERSTRASSE 12</u> _____ (Street) <u>ZUG V8 6300</u> _____ (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) <u>06/06/2025</u>	3. Issuer Name and Ticker or Trading Symbol <u>Quanex Building Products CORP [NX]</u>	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) <input checked="" type="checkbox"/> Other (specify below) <u>OBSERVER SEAT ON BOARD</u>	5. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person <input checked="" 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, par value \$0.01 per share	4,621,879	I	See Footnote ⁽¹⁾

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)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			

1. Name and Address of Reporting Person* <u>Teleios Capital Partners GmbH</u> _____ (Last) (First) (Middle) <u>BAARERSTRASSE 12</u> _____ (Street) <u>ZUG V8 6300</u> _____ (City) (State) (Zip)		
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1. Name and Address of Reporting Person* <u>Teleios Global Opportunities Master Fund Ltd.</u> _____ (Last) (First) (Middle) <u>C/O BNP PARIBAS BANK & TRUST CAYMAN LTD</u> <u>BUCKINGHAM SQUARE, 720 WEST BAY ROAD</u> _____ (Street) <u>GRAND CAYMAN E9 KY1-1104</u> _____ (City) (State) (Zip)		
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1. Name and Address of Reporting Person *

Kuzniar Igor Tadeusz

(Last) (First) (Middle)

C/O TELEIOS CAPITAL PARTNERS GMBH
BAARERSTRASSE 12

(Street)

ZUG V8 6300

(City)

(State)

(Zip)

Explanation of Responses:

1. The securities reported herein are held by Teleios Global Opportunities Master Fund, Ltd., a Cayman Islands exempted company (the "Master Fund"). The reported securities may be deemed beneficially owned by Teleios Capital Partners GmbH, the investment manager of the Master Fund, and Teleios Capital Partners GmbH's managing member and controlling shareholder: Igor Kuzniar. Each of Mr. Kuzniar, the Master Fund, and Teleios Capital Partners GmbH, a Reporting Person. Teleios Capital Partners GmbH and Igor Kuzniar each disclaim beneficial ownership of the reported securities except to the extent of their pecuniary interest therein, and this report shall not be deemed an admission that each Reporting Person is the beneficial owner of the securities for purposes of Section 16 of the Securities Exchange Act of 1934, as amended, or for any other purpose.

Teleios Capital Partners
GmbH, /s/ Igor Kuzniar, 06/18/2025
Managing Officer

Teleios Global
Opportunities Master Fund
Ltd., /s/ Carl Speck, 06/18/2025
Director

/s/ Igor Kuzniar 06/18/2025

** Signature of Reporting Person Date

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 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).

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.