#### Edgar Filing: BAYLES MICHAEL R - Form 4

BAYLES M Form 4										
November 0 FORN Check th	<b>4</b> UNITED		Wa	shington	, D.C. 20	549	E COMMISSION		PPROVAL 3235-0287 January 31,	
if no long subject to Section 1 Form 4 o Form 5 obligatio may cont <i>See</i> Instru 1(b).	6. Filed pur Section 17(	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES       20         Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,       20         Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,       20         Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940       20								
(Print or Type I	Responses)									
1. Name and Address of Reporting Person <u>*</u> BAYLES MICHAEL R			2. Issuer Name <b>and</b> Ticker or Trading Symbol QUANEX CORP [nx]				5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First) (	Middle)	3. Date of Earliest Transaction (Month/Day/Year) 09/30/2004				Director X Officer (giv below)	(Check all applicable) or 10% Owner er (give title Other (specify below) -Building Products Group		
				. If Amendment, Date Original ïled(Month/Day/Year)			<ul> <li>6. Individual or Joint/Group Filing(Check Applicable Line)</li> <li>_X_Form filed by One Reporting Person</li> <li>_Form filed by More than One Reporting Person</li> </ul>			
(City)	(State)	(Zip)	Tab	le I - Non-I	Derivative	Securities	Acquired, Disposed o	of, or Beneficia	lly Owned	
	2. Transaction Date (Month/Day/Year)	2A. Deeme Execution any (Month/Da	Date, if	3. Transactio Code (Instr. 8) Code V	Disposed (Instr. 3, 4	(A) or of (D) 4 and 5) (A) or	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)	
Reminder: Rep	oort on a separate line	e for each cla	ass of sec	urities benef	-	-	or indirectly.	ction of S	SEC 1474	

Persons who respond to the collection of information contained in this form are not (9-02) required to respond unless the form displays a currently valid OMB control number.

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

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and Expiration	7. Title and Amo
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Date	Underlying Secu
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)

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(Instr. 3)	Price of Derivative Security	(Mo	nth/Day/Year)	(Instr. 8	8)	Acquired (A Disposed of (Instr. 3, 4, 5)	(D)				
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	An Nu Sha
Phantom Stock Units <u>(1)</u>	\$ 0 <u>(2)</u>	09/30/2004		А		22.6977		09/30/2004 <u>(3)</u>	09/30/2014 <u>(3)</u>	Common Stock	22

### **Reporting Owners**

Reporting Owner Name / Address	Relationships							
1	Director	10% Owner	Officer	Other				
BAYLES MICHAEL R								
			VP-Building Products Group					

## Signatures

Michael R. Bayles by Terry M. Murphy, POA

\*\*Signature of Reporting Person

11/02/2004 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) Units that are credited to the participant's account under the Quanex Corporation Deferred Compensation Plan as a result of Dividend Reinvestment.
- (2) Conversion Price is 1 for 1.

All units credited under the Deferred Compensation Plan are 100% vested at all times; provided, however, that if a participant receives a benefit from the Deferred Compensation Plan for any reason other than death ,disability or retirement within three years after a deferral is

(3) credited to a participant's account, any matching awards made by the Company with respect to such deferral will be forfeited. 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.